

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000101228

1. Entity Name  
OVERLAND SOUTH, INC.

Principal Place of Business  
ROUTE 4 STATE ROAD 12 AND 157  
HAVANA FL 32333

Mailing Address  
~~ROUTE 4 STATE ROAD 12 AND 157~~  
HAVANA FL 32333

2. Principal Place of Business  
*Same as listed*  
Suite, Apt. #, etc.

3. Mailing Address  
*P.O. Box 1117*  
Suite, Apt. #, etc.

City & State  
*Havana FLA*

Zip Country  
*32333 Madaden*

## 6. Name and Address of Current Registered Agent

LOWE, HERMAN L JR  
HWY. 12A AND 157  
HAVANA FL 32333

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PD	LOWE, HERMAN R JR	US HWY 27 N, PO BOX 358	
			HAVANA FL 32333	
	VSTD	LOWE, HERMAN R	US HWY 27 N, PO BOX 532	
			HAVANA FL 32333	

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: HERMAN R LOWE JR 4-20-2001 850-570-1408  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED  
Apr 30, 2001 8:00 am  
Secretary of State

04-30-2001 90004 050 \*\*\*158.75

041601



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3415706**  
Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

CR2E034 (10/00)