

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 19, 2002 8:00 am
Secretary of State

08-19-2002 90001 027 ***150.00

974976

DOCUMENT # P97000080323
1. Entity Name
 OVERALL SERVICE, CORP ✓

Principal Place of Business **Mailing Address**
 9267 RAMBLEWOOD DR. 9267 RAMBLEWOOD DR.
 # 1416 # 1416
 CORAL SPRINGS, FL 33071 CORAL SPRINGS, FL 33071

2. Principal Place of Business **3. Mailing Address**
 10857 CYPRESS GLEN DR 10857 CYPRESS GLEN DR
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
 CORAL SPRINGS, FL CORAL SPRINGS, FL
Zip **Country** **Zip** **Country**
 33071 BROWARD 33071 BROWARD

4. FEI Number 65-0793759 **Applied For**
 Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 GALVAO, PAULO S
 9267 RAMBLEWOOD DR # 1416
 CORAL SPRINGS, FL 33071

7. Name and Address of New Registered Agent
Name GALVAO, PAULO S
Street Address (P.O. Box Number is Not Acceptable)
 10857 CYPRESS GLEN DR.
City CORAL SPRINGS **FL** **Zip Code** 33071

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]* **DATE** 08-12-02
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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**

1. OFFICERS AND DIRECTORS

TITLE PD NAME GALVAO, PAULO S STREET ADDRESS 9267 RAMBLEWOOD DR. #1416 CITY-ST-ZIP CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete
TITLE VD NAME ARDICIA DE PAULA, GALVAO STREET ADDRESS 9267 RAMBLEWOOD DR # 1416 CITY-ST-ZIP CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD NAME GALVAO, PAULO S STREET ADDRESS 10857 CYPRESS GLEN DR. CITY-ST-ZIP CORAL SPRINGS, FL 33071	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME ARDICIA DE PAULA, GALVAO STREET ADDRESS 10857 CYPRESS GLEN DR. CITY-ST-ZIP CORAL SPRINGS, FL 33071	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* **DATE** 08-12-02
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)

attachment

974976

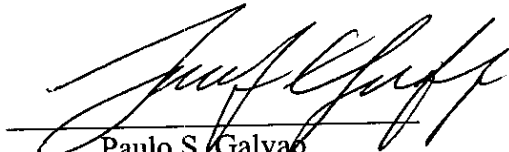
Division of Corporations

9700080323

P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from Divisions Of Corporations, I am attaching a check in the amount of \$150.00 for the annual report fee with my application.

I also state that I have not received any notice from the Division Of Corporations in respect with my corporation **OVERALL SERVICE, CORP.** Thank you for your courtesy in this matter.


Paulo S. Galvao
President