

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 23, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P98000031244**1. Entity Name  
OVERSEAS COM, INC.

## Principal Place of Business

1402 E LAS OLAS BLVD.  
#228  
FORT LAUDERDALE  
33301

FL

## Mailing Address

1402 E LAS OLAS BLVD.  
#228  
FORT LAUDERDALE  
33301

FL

## 2. Principal Place of Business

1314 E LAS OLAS BLVD.

## 3. Mailing Address

1314 E LAS OLAS BLVD.

Suite, Apt. #, etc.  
SUITE 228Suite, Apt. #, etc.  
SUITE 228

## City &amp; State

FORT LAUDERDALE

FL

## City &amp; State

FORT LAUDERDALE

FL

Zip  
33301

Country

Zip  
33301

Country

## 4. FEI Number

Applied For

☒ Not Applicable5. Certificate of Status Desired ☒**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

KORB MARCO  
1402 E LAS OLAS BLVD.  
#228  
FORT LAUDERDALE  
33301

FL

## 7. Name and Address of New Registered Agent

## Name

KORB MARCO

## Street Address (P.O. Box Number is Not Acceptable)

1314 E LAS OLAS BLVD.

SUITE 228

## City

FORT LAUDERDALE

FL

Zip Code  
33301

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 **MARCO KORB**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/23/2001

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	P	<input type="checkbox"/> Delete
NAME	KORB MARCO	
STREET ADDRESS	1402 E LAS OLAS BLVD.	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KORB MARCO	
STREET ADDRESS	1314 E LAS OLAS BLVD. APT.228	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **Marco Korb**

psdt

04/23/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)