

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000010034

1. Entity Name

OVERALL MARINE, INC.

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90026 004 ***150.00

Principal Place of Business

1561 S.E. 24 TERR.
POMPANO BEACH FL 33062

Mailing Address

1561 S.E. 24 TERR.
POMPANO BEACH FL 33062-7511

2. Principal Place of Business

Suite, Apt. #, etc.

943 S.E. 20th ST. D-28

3. Mailing Address

943 S.E. 20th ST

Suite, Apt. #, etc.

C-16

City & State

FT. LAUDERDALE FL

City & State

FT. LAUDERDALE, FL

4. FEI Number

65-0892845

Applied For

Not Applicable

Zip

33316-3579

Country

BROWARD

Zip

33316-3579

Country

BROWARD

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KOVARS, CINDALEAH
1561 S.E. 24 TERR.
POMPANO BEACH FL 33062

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, 2000 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 DP
NAME WILSON, LEONARD C
STREET ADDRESS 1561 S.E. 24 TERR.
CITY-ST-ZIP POMPANO BEACH FL 33062 ☐ Delete

TITLE VST
NAME WILSON, LEONARD C
STREET ADDRESS 1561 S.E. 24 TERR.
CITY-ST-ZIP POMPANO BEACH FL 33062 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/3/00

Date

954-764-4660

Daytime Phone #

CR2E034 (9/99)