

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-14-2003 90206 011 ***150.00

DOCUMENT # P99000106534



1. Entity Name
M & N OVERSTREET LAND CORPORATION

Principal Place of Business
**121 NORTH COLLINS STREET
PLANT CITY FL 33566**

Mailing Address
**13951 U.S. 98 NORTH
KATHLEEN FL 33849**

2. Principal Place of Business

3. Mailing Address

13951 U.S. 98 NORTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Kathleen, FL

4. FEI Number **59-3639897**

Applied For
Not Applicable

Zip

Country

33849

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**TRINKLE, ROBERT S
121 NORTH COLLINS STREET
PLANT CITY FL 33566**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Mark Overstreet

4-9-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **OVERSTREET, MARK F**
STREET ADDRESS **13951 U.S. 98 NORTH**
CITY - ST - ZIP **KATHLEEN FL 33849**

TITLE **D** ☐ Delete
NAME **SULLIVAN, NANCY E**
STREET ADDRESS **13951 U.S. 98 NORTH**
CITY - ST - ZIP **KATHLEEN FL 33849**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. 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

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NAME
STREET ADDRESS
CITY - ST - ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark Overstreet **4-21-03**

Date

Doc# 99000106534

863-858-4800

CR2E034 (10/02)