

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State
 05-20-2002 90071 013 ***150.00

DOCUMENT # P98000007934

1. Entity Name
O.K. SERVICES, INC.

Principal Place of Business

**7821 TOUCAN DR.
 ORLANDO FL 32822**

Mailing Address

**7821 TOUCAN DR.
 ORLANDO FL 32822**

2. Principal Place of Business

2644 Treymore Drive
 Suite, Apt. #, etc.

3. Mailing Address

2644 Treymore Drive
 Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32825

Country

USA

City & State

Orlando, FL 32825

Zip

32825

Country

USA

4. FEI Number

59-3490301

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**OROL, KAREN V
 7821 TOUCAN DR.
 ORLANDO FL 32822**

7. Name and Address of New Registered Agent

Name **Orol Karen V**
 Street Address (P.O. Box Number is Not Acceptable)

2644 Treymore Dr.

City

Orlando

FL

Zip Code

32825

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 **Karen V. Orol**
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-28-02
 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, 2002 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/D** ☐ Delete
 NAME **OROL, KAREN V**
 STREET ADDRESS **7821 TOUCAN DR.**
 CITY-ST-ZIP **ORLANDO FL 32822**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P/D** ☒ Change ☐ Addition
 NAME **OROL, KAREN V**
 STREET ADDRESS **2644 Treymore Dr.**
 CITY-ST-ZIP **Orlando, FL 32825**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 **Karen V. Orol**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-02 **407-658-4479**
 Date Daytime Phone #

CR2E034 (9/01)