

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P99000081941**

1. Entity Name

OVATION SERVICES INCORPORATED

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

596 N. Indigo Rd

Suite, Apt. #, etc.

3. Mailing Address

POB 163055

Suite, Apt. #, etc.

City & State

Altamonte Springs, FL

City & State

Altamonte Springs, FL

4. FEI Number

59-3594942

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Betty J. Schaecher

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

596 N. Indigo Rd

City

Altamonte Springs, FL

Zip Code

32714

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

Betty Jean Schaecher

Betty J. Schaecher

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
**PRESIDENT
Betty J. Schaecher
596 N. Indigo Rd
Altamonte Springs, FL 32714**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DIRECTOR OF SALES
Richard L. Berkley
596 N. Indigo Rd.
Altamonte Springs, FL 32714**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Betty Jean Schaecher Betty J. Schaecher

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/13/02 261-9370

Daytime Phone #

FILED

02 SEP 18 AM 10:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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***300.00 ***300.00

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