

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **SD3100**
 1. Entity Name **OVATION ENTERPRISES, INC**

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 00 JUN 15 PM 2:54

Principal Place of Business
8325 BAY POINTE DR #307 TAMPA, FL 33615

Mailing Address
8325 BAY POINTE DR #307 TAMPA, FL 33615

WF10986

2. Principal Place of Business
8325 BAY POINTE DR
 Suite, Apt. #, etc. **307**
 City & State **TAMPA FL**
 Zip **33615** Country **USA**

3. Mailing Address
8325 BAY POINTE DR
 Suite, Apt. #, etc. **307**
 City & State **TAMPA FL**
 Zip **33615** Country **USA**

REINSTATEMENT 94-00

4. FEI Number **59-3048680** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
CHARLES NORRIS
8325 BAY POINTE DR #307
TAMPA, FL 33615

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  **CHARLES NORRIS** DATE **4-11-00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT CHARLES NORRIS 8325 BAY POINTE DR #307 TAMPA, FL 33615	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
900003315099--7 -07/06/00--01063--015 ***1650.00 ***1650.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **CHARLES K NORRIS** DATE **4-11-00** DAYTIME PHONE # **813-888-5058**

Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)