

# 2002 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # F01000005116**  
 1. Entity Name  
**OVERC INTERNATIONAL, INC.**

Principal Place of Business: **55 MERCHANT ST. CINCINNATI OH 45246**  
 Mailing Address: **55 MERCHANT ST. CINCINNATI OH 45246**

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.

City & State: \_\_\_\_\_ City & State: \_\_\_\_\_

Zip: \_\_\_\_\_ Country: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

**FILED**  
 02 SEP -9 AM 9:16  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number: **31-1785531** Applied For:  Not Applicable

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

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
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, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>P</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EICHLER, MARK J</b>	NAME	<b>200007730672--6</b>
STREET ADDRESS	<b>55 MERCHANT STREET</b>	STREET ADDRESS	<b>-09/13/02--01039--004</b>
CITY-ST-ZIP	<b>CINCINNATI OH</b>	CITY-ST-ZIP	<b>****400.00 ****400.00</b>
TITLE	<b>VT</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHAWHAN, GERALD L</b>	NAME	
STREET ADDRESS	<b>55 MERCHANT STREET</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>CINCINNATI OH</b>	CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BYRNE, KENNETH L</b>	NAME	
STREET ADDRESS	<b>55 MERCHANT STREET</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>CINCINNATI OH</b>	CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BISH, BRIAN L</b>	NAME	
STREET ADDRESS	<b>55 MERCHANT STREET</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>CINCINNATI OH</b>	CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WHITE SR, BRUCE</b>	NAME	
STREET ADDRESS	<b>55 MERCHANT STREET</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>CINCINNATI OH</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *General Gerald Shawhan* **GERALD SHAWHAN** **5 JUN 02**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #