


03-10-2003 90186 034 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000037308 1. Entity Name NOVUSDB, INC.		
Principal Place of Business 3254 ROBINHOOD RD TALLAHASSEE, FL 32312		Mailing Address 3254 ROBINHOOD RD TALLAHASSEE, FL 32312
2. Principal Place of Business <i>2517 Woodgate way</i> Suite, Apt. #, etc.		3. Mailing Address <i>2517 Woodgate way</i> Suite, Apt. #, etc.
City & State <i>Tallahassee, FL</i>		City & State <i>Tallahassee, FL</i>
Zip <i>32309</i>	Country <i>USA</i>	4. FEI Number 59-3709896
Zip <i>32308</i>	Country <i>USA</i>	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent EVANS, JAMES M 3254 ROBINHOOD RD TALLAHASSEE, FL 32312		7. Name and Address of New Registered Agent Name <i>Evans, James M.</i> Street Address (P.O. Box Number is Not Acceptable) <i>2517 woodgate way</i> City <i>Tallahassee, FL</i> Zip Code <i>32308</i>
8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>James Evans</i> DATE <i>3/5/03</i> <small>(Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent's name not required when electing.)</small>		
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete EVANS, JAMES M 3254 ROBINHOOD RD TALLAHASSEE, FL 32312	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition President EVANS, JAMES M. 2517 Woodgate way Tallahassee, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: <i>James Evans</i> DATE: <i>3/5/03</i> PHONE: <i>850-385-7112</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, OFFICER OR DIRECTOR</small>		

CR2003 (10/02)