

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02246

1. Entity Name
NOVA MARKETING & DEVELOPMENT CORPORATION

05-10-2001 086 047 ***141.25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUN 14 PM 1:42

Principal Place of Business Mailing Address
1717 PENN AVE. 1717 PENN AVE.
SUITE #5006 SUITE #5006
PITTSBURGH PA 15221-2695 PITTSBURGH PA 15221-2695



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 59-2415664 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

HCRM, CORP.
2200 CORPORATE BLVD., N.W.
STE. 401
BOCA RATON FL 33431

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 _____ (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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME P
STREET ADDRESS MCKINNEY, JOHN T
CITY-ST-ZIP 1717 PENN AVE., STE. 5016
PITTSBURGH PA 15221

TITLE ☐ Delete
NAME VP
STREET ADDRESS MCKINNEY, JAMES D
CITY-ST-ZIP 1717 PENN AVE. STE. 5016
PITTSBURGH PA 15221

TITLE ☐ Delete
NAME PASQUALE, JOSEPH
STREET ADDRESS 1717 PENN AVE., SUITE 5016
CITY-ST-ZIP PITTSBURGH PA

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: _____ Date: 4/15/01 Daytime Phone #: 412-242-5390

CR2E034 (10/00)

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