

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90315 023 ***150.00

DOCUMENT # **P96000040229**

1. Entity Name
ANOVA, INC.

Principal Place of Business Mailing Address
7922 IDLEWILD LANE 7922 IDLEWILD LANE
LARGO FL 33777 LARGO FL 33777

2. Principal Place of Business 3. Mailing Address
9225 ULMERTON RD. P.O. BOX 1184
 Suite, Apt. #, etc. Suite, Apt. #, etc.
SUITE D

City & State City & State
LARGO FL LARGO FL
 Zip Country Zip Country
33771 USA 33779-1184 PINELLAS Co. USA

4. FEI Number **59-3386479** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WINTERS, ELISE K
600 CLEVELAND STREET SUITE 940
CLEARWATER FL 34615

7. Name and Address of New Registered Agent

Name **SUSAN E. DUFF**
 Street Address (P.O. Box Number is Not Acceptable)
7922 IDLEWILD LANE
 City **LARGO** FL Zip Code **33777**

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 *Susan E. Duff* **SUSAN E. DUFF** **4/18/01**
 Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent's 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
 Trust Fund Contribution. **\$5.00** May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> Delete
NAME	DUFF, SUSAN E
STREET ADDRESS	7922 IDLEWILD LAND
CITY-ST-ZIP	LARGO FL 33777
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Susan E. Duff* **4/18/01** **727-588-7798**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)