

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 344457

1. Entity Name

NOVA SALES INC

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90173 004 ***150.00

Principal Place of Business

2515 DRANE FIELD RD
LAKELAND FL 33811
US

Mailing Address

2515 DRANE FIELD RD
LAKELAND FL 33811-1357
US

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 59-1237060

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRAHAM, JOHN T
2515 DRANEFIELD RD
LAKELAND FL 33811

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

Signature, typed or printed name of registered agent and title if applicable.

(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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	M	ROWAN, MICHAEL	208 PALMOLA ST LAKELAND FL	
	CD	GRAHAM, JOHN T	214 BARRY COURT LONGWOOD FL	
	D	SAJOVETZ, R R	13323 GOLF CREST CIRCLE TAMPA FL	
	D	BRYANT, A C	4425 MT VIEW DRIVE LAKELAND FL	
	PD	LIGORI, J A	1305 BROOKER ROAD BRANDON FL	
	S	BROWN, LEE V	5322 DORMAN RD LAKELAND FL	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/10/00

863-648-5708

CR2E034 (9/99)