

2001 UNIFORM BUSINESS REPORT (UBR)

0012933 AF

DOCUMENT # A97000001716

1. Entity Name

NOVA & HAND, LTD.

FILED

01 APR 27 PM 12:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

705 E. OAK STREET, SUITE E
KISSIMMEE FL 34744

Mailing Address

705 E. OAK STREET, SUITE E
KISSIMMEE FL 34744



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

204 E. 17TH STREET

Suite, Apt. #, etc.

SUITE 202

City & State

COSTA MESA, CA

Zip

92627

Country

USA

4. FEI Number

59-3462358

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, JIMMIE D

705 E. OAK STREET, SUITE E

KISSIMMEE FL 34744

7. Name and Address of New Registered Agent

Name

DECUBELLIS & MEEKS PROFESSIONAL ASSOCIATION

Street Address (P.O. Box Number is Not Acceptable)

837 N. GARLAND AVENUE

City

ORLANDO

FL

Zip Code

32801

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

4/26/2007

9. Capital Contributions
as Shown on record.

\$1,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # P97000068021
NAME NOVA ROAD, INC.
STREET ADDRESS 705 E. OAK STREET, SUITE E
CITY-ST-ZIP KISSIMMEE FL 34744

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-1-01

Date

(949) 764-2669

Daytime Phone #

CR2E003 (11/00)