

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90144 043 \*\*\*158.75

**DOCUMENT # F00000005857**

1. Entity Name

**NOVA TECHNOLOGIES AN EMPLOYEE OWNED SERVICES COM  
PANY**

Principal Place of Business

**429 S TYNDALL PARKWAY  
SUITE L  
PANAMA CITY FL 32404**

Mailing Address

**429 S TYNDALL PARKWAY  
SUITE L  
PANAMA CITY FL 32404**

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

**59-3668895**

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

**BLACK, JAMES A III  
429 S TYNDALL PARKWAY  
SUITE L  
PANAMA CITY FL 32404**

7. Name and Address of New Registered Agent

Name **Diane C. Hare, CPA**  
Street Address (P.O. Box Number is Not Acceptable)

**3003 S. Hwy 77, Suite A**

City **Lynn Haven,**

**FL**

Zip Code  
**32444**

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

**Diane C. Hare, CPA**

**01-31-02**

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, 2002 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 ☐ Delete  
NAME **CV**  
STREET ADDRESS **BLACK, JAMES A III**  
CITY-ST-ZIP **5219 MELISSA DR  
PANAMA CITY FL 32404**

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

TITLE ☐ Delete  
NAME **VT**  
STREET ADDRESS **CALLOWAY, DAVID L**  
CITY-ST-ZIP **3466 SCOUT LAKE LANE  
OVIDO FL 32765**

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

TITLE ☐ Delete  
NAME **DS**  
STREET ADDRESS **RUSHE, RANDALL G**  
CITY-ST-ZIP **8206 PALM COVE BLVD  
PANAMA CITY BEACH FL 32408**

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

TITLE ☐ Delete  
NAME **P**  
STREET ADDRESS **THOMAS, ALFRED**  
CITY-ST-ZIP **4319 CANDLEWOOD LANE  
PONCE INLET FL 32127**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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:

**NOVA TECHNOLOGIES AN EMPLOYEE OWNED SERVICES COMPANY**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**12 APR 02**

Date

**850 914 0002**

Daytime Phone #

CR2E034 (9/01)