

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90045 028 \*\*\*150.00

0634334 SP

**DOCUMENT # F56946**

1. Entity Name

**ONE N. NOVA ROAD, INC.**

Principal Place of Business

Mailing Address

**913 PINEAPPLE RD.  
 DAYTONA BEACH FL 32119**

~~C/O SCHECTER & ASS., P.A.  
 1030 W. INT'L SPDWY BLVD., #100  
 DAYTONA BEACH FL 32114-3415~~

2. Principal Place of Business

3. Mailing Address

*c/o Randal L. Schechter, P.A.  
 175 W. Granada Blvd., Suite 201*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

*Ormond Beach, FL*

Zip

Country

Zip

Country

*32174-6362*

*USA*

4. FEI Number

**59-2012603**

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

**SCHECTER, RANDAL L  
 1030 W. INT'L SPOWY BLVD  
 SUITE 100  
 DAYTONA BEACH FL 32114-3415**

Name *Randal L. Schechter, Esquire*  
 Street Address (P.O. Box Number is Not Acceptable) *175 W. Granada Blvd.*  
*Suite 201*  
 City *Ormond Beach* **FL** Zip Code *32174-6362*

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PST RHODEN, LARRY L 913 PINEAPPLE RD. DAYTONA BEACH FL 32119</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D RHODEN, LAWIS DAVID 913 PINEAPPLE RD. DAYTONA BEACH FL 32119</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: X

*Larry L. Rhoden* **Larry L. Rhoden, Pres**

Date

Daytime Phone #

CR2E034 (9/01)