

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F58470

1. Entity Name

NOVA-CHEM INC.

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90180 014 ***158.75

Principal Place of Business

500 N WESTSHORE
SUITE 405
TAMPA FL 33609
US

Mailing Address

PO BOX 22685
TAMPA FL 33622-2685

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

NOVA CHEM INC

PO BOX 22685

TAMPA, FL

33622-2685



CU025837

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2152849

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CISNEROS, FRANK G.
500 N WESTSHORE BLVD STE 405
P.O. BOX 22685
TAMPA FL 33609

7. Name and Address of New Registered Agent

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

TITLE	P	<input type="checkbox"/> Delete
NAME	CISNEROS, FRANK G	
STREET ADDRESS	5041 CYPRESS ST.	
CITY-ST-ZIP	TAMPA FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	RENES, ROBERT	
STREET ADDRESS	5041 CYPRESS ST.	
CITY-ST-ZIP	TAMPA FL	
TITLE	AS	<input type="checkbox"/> Delete
NAME	OATLEY, LORRAINE C.	
STREET ADDRESS	5041 W. CYPRESS ST.	
CITY-ST-ZIP	TAMPA FL	
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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CISNEROS, FRANK G	
STREET ADDRESS	500 N. WESTSHORE BLVD, STE 405	
CITY-ST-ZIP	TAMPA, FL 33609	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RENES, ROBERT	
STREET ADDRESS	500 N. WESTSHORE BLVD, STE 405	
CITY-ST-ZIP	TAMPA, FL 33609	
TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OATLEY, LORRAINE C.	
STREET ADDRESS	500 N. WESTSHORE BLVD, STE 405	
CITY-ST-ZIP	TAMPA, FL 33609	
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
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lorraine C. Oatley

January 21, 2000

Date

(813) 286-2503

Daytime Phone #