

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000006421

1. Entity Name
NOVA COMMUNICATIONS, LLC

FILED

01 MAY 16 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
222 SECOND ST NORTH
P.O. BOX 429
ST PETERSBURG FL 33731

Mailing Address
222 SECOND ST NORTH
P.O. BOX 429
ST PETERSBURG FL 33731

2. Principal Place of Business
100 Second Avenue North

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 200

City & State

City & State

St Petersburg, FL

Zip
33701

Country
Pinellas

Zip

Country

4. FEI Number
59-3669327

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

IRWIN, IAN
222 SECOND ST NORTH
ST PETERSBURG FL 33731

Name

Street Address (P.O. Box Number is Not Acceptable)
100 Second Avenue North Suite 200

City
St Petersburg

FL Zip Code
33701

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Manager
Ian F Irwin
PO Box 429
St Petersburg, FL 33731 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
600004416158-4
-06/12/01--01065--015
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Signature Required Ian F Irwin, Manager 4/26/01 (727)821-5178

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

0018689 AF

CR2E083 (11/00)