

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 30, 2002 8:00 am**  
**Secretary of State**

05-30-2002 91595 031 \*\*\*\*50.00

**DOCUMENT # L01000017284**

1. Entity Name  
**NOVEX, LLC**

Principal Place of Business  
**6014 CEDAR STREET, N.E.**  
**ST. PETERSBURG FL 33703**

Mailing Address  
**6014 CEDAR STREET, N.E.**  
**ST. PETERSBURG FL 33703**

**968269**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**PO Box 56475**  
 Suite, Apt. #, etc.

3. Mailing Address  
**PO Box 56475**  
 Suite, Apt. #, etc.

City & State  
**St. Petersburg FL**  
 Zip  
**33732**  
 Country  
**USA**

City & State  
**St. Petersburg FL**  
 Zip  
**33732**  
 Country  
**USA**

4. FEI Number  
**59-3747469**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**DONOVAN, MARC**  
**6014 CEDAR STREET, N.E.**  
**ST. PETERSBURG FL 33703**

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

**MGRM**  
**BOARDWALK ONE, LLC**  
**PO Box 56475**  
**St. Petersburg FL 33732**

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]** **Manager of Boardwalk One, LLC** **4/20/02** **727-688-4837**

CR2E083 (9/01)