

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000020552

1. Entity Name
1801 NOVA ROAD, LLC



FILED
03 AUG 26 PM 1:15
TALLAHASSEE, FLORIDA

Principal Place of Business
1440 NOVA ROAD
SUITE 301
HOLLY HILL, FL 32117

Mailing Address
1440 NOVA ROAD
SUITE 301
HOLLY HILL, FL 32117



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTIN, DOUGLAS
1440 NOVA ROAD
SUITE 301
HOLLY HILL, FL 32117

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when changing)

DATE

Make Check Payment to the Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
Manager
Martin Daytona Corporation
1440 Nova Rd., Ste. 301
Holly Hill, FL 32117 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

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

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-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)(d), 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:

Richard K. Martin

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

Date

Daytime Phone #

CR2E083 (10/02)



CORPORATION SERVICE COMPA

L020000020552

ACCOUNT NO. : 072100000032

REFERENCE : 218181 80457A

AUTHORIZATION :

Patricia Pigute

COST LIMIT : \$ 50.00

ORDER DATE : August 25, 2003

ORDER TIME : 9:18 AM

ORDER NO. : 218181-005

CUSTOMER NO: 80457A

CUSTOMER: Random R. Burnett, Esq
Black, Sims, Burnett And
3rd Floor
501 North Grandview Avenue
Daytona Beach, FL 32118

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 AUG 26 PM 1:15

FILED

ANNUAL REPORT FILING

NAME: 1801 NOVA ROAD, LLC

DIVISION OF CORPORATION

03 AUG 26 AM 10:42

RECEIVED

XX ANNUAL REPORT

BK

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan-EXT#1155

EXAMINER'S INITIALS: _____