

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008699
1. Entity Name
 I-NOVA.COM, LLC.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 SEP 27 AM 11:02



Principal Place of Business
 1293 BAGDAD COVE
 GULF BREEZE FL 32561

Mailing Address
 1293 BAGDAD COVE
 GULF BREEZE FL 32561



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
 59-3610693

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

Applied For
☐ **Not Applicable**

6. Name and Address of Current Registered Agent
 FERGUSON, MICHAEL L
 4300 BAYOU BLVD., STE 13
 PENSACOLA FL 32503

7. Name and Address of New Registered Agent
 Name: Jon A. Tate
 Street Address (P.O. Box Number is Not Acceptable): 1293 Bagdad Cove
 City: Gulf Breeze FL Zip Code: 32561

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: Jon A. Tate Managing Member for I-NOVA.com 09/26/00
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/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER, I-NOVA.COM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Jon A. Tate 1293 Bagdad Cove Gulf Breeze, FL 32561
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3000003415783--1 -10/05/00--01114--017 *****55.00 *****55.00
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
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

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 Jon A. Tate Managing Member for I-NOVA.com 09/26/00 850-916-7215
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (5/00)