

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008699

1. Entity Name

I-NOVA.com, LLC.

FILED

01 MAY 25 AM 8:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2. Principal Place of Business

151 Mary Esther Blvd.

Suite, Apt. #, etc.

Suite 102-B

City & State

Mary Esther, FL

Zip

32569

Country

USA

3. Mailing Address

151 Mary Esther Blvd.

Suite, Apt. #, etc.

Suite 102-B

City & State

Mary Esther, FL

Zip

32569

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

593610693

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

Jon A. Tate
1293 Bagdad Cove
Gulf Breeze, FL 32569

7. Name and Address of New Registered Agent

Name

Jon A. Tate

Street Address (P.O. Box Number is Not Acceptable)

Suite 102-B

151 Mary Esther Blvd.

City

Mary Esther

FL

Zip Code

32569

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, President (Managing Member)

Jon A. Tate

05/21/01

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

TITLE	President	<input type="checkbox"/> Delete
NAME	Jon A. Tate	
STREET ADDRESS	1293 Bagdad Cove	
CITY-ST-ZIP	Gulf Breeze, FL 32561	
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
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

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

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:

Jon A. Tate for I-NOVA.com, LLC.

05/21/01 (850) 244-4448

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

Date

Daytime Phone #