

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L 9900008699

1. Entity Name

I-NOVA.com, LLC.

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 - USA

3. Mailing Address

151 Mary Esther Blvd.

Suite, Apt. #, etc.

Suite 102-B

City & State

Mary Esther, FL

Zip

32569 USA

FILED

01 MAY 25 AM 8:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Name Jon A. Tate

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

Suite 102-B

City 151 Mary Esther Blvd.

State Mary Esther 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) Sp. 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		10. ADDITIONS/CHANGES	
TITLE	<u>President</u>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>Jon A. Tate</u>		
STREET ADDRESS	<u>32561</u>		
CITY-ST-ZIP	<u>1293 Bagdad Cove, Gulf Breeze, FL</u>		
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
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CITY-ST-ZIP			
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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 #