

# 2002 UNIFORM BUSINESS REPORT (UBR)

000024

DOCUMENT # L99000008699

1. Entity Name  
HNOVA.COM, LLC.

FILED

2002 OCT -3 AM 10: 58

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
151 MARY ESTHER BLVD., SUITE 102-B  
MARY ESTHER FL 32569

Mailing Address  
151 MARY ESTHER BLVD., SUITE 102-B  
MARY ESTHER FL 32569

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. -FEI Number - 59-3610693

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TATE, JON A  
151 MARY ESTHER BLVD., SUITE 102-B  
MARY ESTHER FL 32569

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 reinstating)

DATE

FILE NOW!!! FEE IS \$50.00.  
Make Check Payable to Department of State  
Due By September 25, 2002

800008210438--3  
-10/04/02--01060--003  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
TATE, JON A  
1293 BAGDAD CORE  
GULF BREEZE FL 32561

☐ Delete

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

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☐ 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)(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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  
HNOVA.COM, LLC. 07/30/02

Date

Daytime Phone #

850-244-4445

CR2E083 (4/02)