

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 26, 2002 8:00 am  
Secretary of State

02-26-2002 90101 001 \*\*\*158.75

001518 AI

**DOCUMENT # P00000071649**

1. Entity Name  
**NOVA GATE SYSTEMS, INC.**

Principal Place of Business  
**16640 BOCILLA ISLAND CLUB DRIVE  
P.O. BOX 379  
BOKEELIA FL 33922**

Mailing Address  
**P.O. BOX 379  
BOKEELIA FL 33922**



2. Principal Place of Business  
**11541 AXIS DEER LANE**  
Suite, Apt. #, etc.

3. Mailing Address  
**11541 AXIS DEER LANE**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**FORT MYERS, FLORIDA**  
Zip  
**33912**  
Country  
**LEE**

City & State  
**FT MYERS, FLORIDA**  
Zip  
**33912**  
Country  
**LEE**

4. FEI Number **65-1036286**  
Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**MAWN, JAMES F**  
**16640 BOCILLA ISLAND CLUB DRIVE**  
**BOKEELIA FL 33922**

**7. Name and Address of New Registered Agent**

Name  
**MAWN, JAMES F.**  
Street Address (P.O. Box Number is Not Acceptable)  
**11541 AXIS DEER LANE**  
City  
**FORT MYERS, FLORIDA** **FL** Zip Code  
**33912**

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 *James F Mawn* **2/12/02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒  
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MAWN, JAMES F</b> <b>P.O. BOX 379</b> <b>BOKEELIA FL 33922</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BS</b> <b>MAWN, JAMES F</b> <b>P.O. BOX 379</b> <b>BOKEELIA FL 33922</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>MAUGHAN, WILLIAM E</b> <b>6565 FOX CREST LANE</b> <b>LAKELAND FL 33813</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DM</b> <b>MAWN, MICHAEL J</b> <b>5 OLEANDER CIRCLE</b> <b>LAKELAND FL 33801</b>	<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

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>11541 AXIS DEER LANE</b> <b>FORT MYERS, FL 33912</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>JOYCE C. MAWN BS</b> <b>11541 AXIS DEER LANE</b> <b>FORT MYERS, FL 33912</b>	<input type="checkbox"/> Change <input checked="" 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *James F Mawn* **JAMES F. MAWN** **2/12/02** **(941) 931-0943**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/01)