

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90361 004 \*\*\*150.00

0500311 AV

**DOCUMENT # P00000085468**

1. Entity Name  
**NOVAK PHARM, INC.**



Principal Place of Business  
**8217 45TH ST. NORTH  
PINELLAS PARK FL 33781**

Mailing Address  
**8217 45TH ST. NORTH  
PINELLAS PARK FL 33781**

2. Principal Place of Business  
**2810 PARKWAY ST**

Suite, Apt. #, etc.  
**Suite 2**

City & State  
**Lakeland, FL**

Zip  
**33811**

Country  
**USA**

3. Mailing Address  
**2810 PARKWAY ST**

Suite, Apt. #, etc.  
**Suite 2**

City & State  
**Lakeland, FL**

Zip  
**33811**

Country  
**USA**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3677128**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**NOVAK, JENNIFER  
8217 45TH ST. NORTH  
PINELLAS PARK FL 33781**

7. Name and Address of New Registered Agent

Name  
**Novak, Jennifer**  
Street Address (P.O. Box Number is Not Acceptable)  
**2810 PARKWAY ST**  
**Suite 2**  
City  
**Lakeland** FL Zip Code  
**33811**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P NOVAK, JENNIFER S 8217 45TH STREET NORTH PINELLAS PARK FL 33781</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP NOVAK, RONALD A SR 8217 45TH STREET NORTH PINELLAS PARK FL 33781</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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Jennifer Novak** **JENNIFER NOVAK** 4/29/03  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)