

FILED
Jun 20, 2003 8:00 am
Secretary of State

06-20-2003 90031 001 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000057333

1. Entity Name
NOVONOM, INC.



Principal Place of Business
2285 MARSHA HAWK LANE
STUDIO 14107
ORANGE PARK, FL 32003

Mailing Address
2285 MARSHA HAWK LANE
STUDIO 14107
ORANGE PARK, FL 32003

2. Principal Place of Business
1754 Country Walk Dr.

Suite, Apt. #, etc.

3. Mailing Address
1754 Country Walk Dr.

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Orange Park, FL

City & State
Orange Park, FL

4. FEI Number
59-3733258

Applied For
Not Applicable

Zip Country
32003 Clay

Zip Country
32003 Clay

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

6. Name and Address of Current Registered Agent

MERKEL, BRADY P
7440 WESTLAKE ROAD
MELBOURNE, FL 32940

7. Name and Address of New Registered Agent

Name
Brady P. Merkel
Street Address (P.O. Box Number is Not Acceptable)
1754 Country Walk Dr.
City **Orange Park** FL Zip Code **32003**

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 resigning)

DATE

FILE NOW!!! FEE IS \$160.00
After May 1, 2003 Fee will be \$560.00
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
MR.
MERKEL, BRADY P P
7440 WESTLAKE RD.
MELBOURNE, FL 32940 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Mr.
Brady P. Merkel
1754 Country Walk Dr.
Orange Park, FL 32003 ☒ Change ☐ Addition

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

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

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CITY-ST-ZIP
☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 28, 2003 (904) 278-2766

Date

Daytime Phone #

CR2E034 (10/02)