

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90153 042 \*\*\*150.00

**DOCUMENT # P01000062393**

**1. Entity Name**  
**NEOVATIONS, INC.**

**Principal Place of Business**  
**2761 LONGBOAT DR.**  
**NAPLES FL 34104**

**Mailing Address**  
**2761 LONGBOAT DR.**  
**NAPLES FL 34104**

**2. Principal Place of Business**  
**12861 OTTER LAKE CT. E.**  
 Suite, Apt. #, etc.

**3. Mailing Address**  
**12861 OTTER LK. CT. E.**  
 Suite, Apt. #, etc.

**City & State**  
**JACKSONVILLE, FL**

**City & State**  
**JACKSONVILLE, FL**

**4. FEI Number**  
**59-3748875**

**Applied For**  
**Not Applicable**

**Zip**  
**32246**

**Country**  
**U.S.A.**

**Zip**  
**32246**

**Country**  
**USA**

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

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

**LUCAS, ELAINE**  
**2761 LONGBOAT DR.**  
**NAPLES FL 34104**

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

**Name** **CHRIS LUCAS**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**12861 OTTER LAKE COURT EAST**  
**City** **JACKSONVILLE** **FL** **Zip Code** **32246**

**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** *Chris Lucas*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*4/26/02*  
 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** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

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

|                       |                                |                                 |
|-----------------------|--------------------------------|---------------------------------|
| <b>TITLE</b>          | <b>D</b>                       | <input type="checkbox"/> Delete |
| <b>NAME</b>           | <b>LUCAS, CHRIS</b>            |                                 |
| <b>STREET ADDRESS</b> | <b>12861 OTTER LAKE CT. E.</b> |                                 |
| <b>CITY-ST-ZIP</b>    | <b>JACKSONVILLE FL 32246</b>   |                                 |
| <b>TITLE</b>          | <b>D</b>                       | <input type="checkbox"/> Delete |
| <b>NAME</b>           | <b>FRANCISCO, KRISTOFFER</b>   |                                 |
| <b>STREET ADDRESS</b> | <b>1113 S. OAKRIDGE DR.</b>    |                                 |
| <b>CITY-ST-ZIP</b>    | <b>JACKSONVILLE FL 32225</b>   |                                 |
| <b>TITLE</b>          |                                | <input type="checkbox"/> Delete |
| <b>NAME</b>           |                                |                                 |
| <b>STREET ADDRESS</b> |                                |                                 |
| <b>CITY-ST-ZIP</b>    |                                |                                 |
| <b>TITLE</b>          |                                | <input type="checkbox"/> Delete |
| <b>NAME</b>           |                                |                                 |
| <b>STREET ADDRESS</b> |                                |                                 |
| <b>CITY-ST-ZIP</b>    |                                |                                 |
| <b>TITLE</b>          |                                | <input type="checkbox"/> Delete |
| <b>NAME</b>           |                                |                                 |
| <b>STREET ADDRESS</b> |                                |                                 |
| <b>CITY-ST-ZIP</b>    |                                |                                 |

|                       |  |   |
|-----------------------|--|---|
| <b>TITLE</b>          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>           |  |   |
| <b>STREET ADDRESS</b> |  |   |
| <b>CITY-ST-ZIP</b>    |  |   |
| <b>TITLE</b>          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>           |  |   |
| <b>STREET ADDRESS</b> |  |   |
| <b>CITY-ST-ZIP</b>    |  |   |
| <b>TITLE</b>          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>           |  |   |
| <b>STREET ADDRESS</b> |  |   |
| <b>CITY-ST-ZIP</b>    |  |   |
| <b>TITLE</b>          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>           |  |   |
| <b>STREET ADDRESS</b> |  |   |
| <b>CITY-ST-ZIP</b>    |  |   |

**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:** *Chris Lucas*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/26/02* *(904)-221-9244*  
 Date Daytime Phone #

CR2E034 (9/01)