FILED
Jun 30, 2002 8:00 am
Secretary of State
05-27-2002 90502 006 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000071488

1. Entity Name

NOVA Computing, Inc.

[redacted]

DO NOT WRITE IN THIS SPACE

95471

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
958 Salt Pond Place	958 Salt Pond Place
Suite, Apt. #, etc. 302	Suite, Apt. #, etc. 302
City & State Altamonte Springs, Fl	City & State Altamonte, Fl
Zip 32714 Country US	Zip 32714 Country US

4. FEI Number 59-3744099 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name Daniel Alvarez

Street Address (P.O. Box Number is Not Acceptable) 6955 Hanging Moss Rd. #106

City Orlando FL Zip Code 32807

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 [signature] 6/16/02

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)

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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	P/S/T	TITLE	
NAME	Michael Faith	NAME	
STREET ADDRESS	958 Salt Pond Pl. #302	STREET ADDRESS	
CITY-ST-ZIP	Altamonte, FL 32714	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4-26-02 407-771-6468

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #