
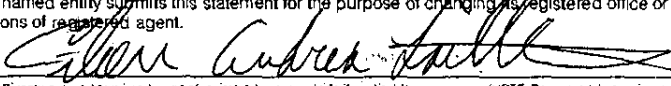
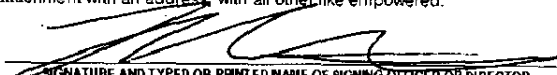


FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90825 031 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000071488 1. Entity Name NOVA COMPUTING, INC.			
Principal Place of Business 958 SALT PONT PLACE # 302 ALTAMONTE SPRINGS, FL 32714		Mailing Address 958 SALT PONT PLACE # 302 ALTAMONTE SPRINGS, FL 32714	
2. Principal Place of Business 486 N. Pin Oak Place Suite, Apt. #, etc. 218 City & State Longwood, FL Zip 32779 Country US		3. Mailing Address 486 N. Pin Oak Place Suite, Apt. #, etc. 218 City & State Longwood, FL Zip 32779 Country US	
4. FEI Number 59-3744099		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		<input checked="" type="checkbox"/> CHECK HERE IF MAKING CHANGES	
6. Name and Address of Current Registered Agent ALVAREZ, DANIEL 6955 HANGING MOSS RD # 106 ORLANDO, FL 32807		7. Name and Address of New Registered Agent Name: Eileen Faith Street Address (P.O. Box Number is Not Acceptable): 486 N. Pin Oak Pl # 218 City: Longwood FL Zip Code: 32779	
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:  DATE: 4-28-03 <small>(NOTE: Registered Agent's signature required when reinstating)</small>			
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: <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP PST FAITH, MIKE 958 SALT PONT PLACE #302 ALTAMONTE SPRINGS, FL 32714 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 486 N. PIN OAK PLACE #218 Longwood, FL 32779 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4-15-03 407-595-2470 Date Daytime Phone #	

CR2E034 (10/02)