

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90171 017 ***150.00

DOCUMENT # P01000091966

1. Entity Name
INOVA MANUFACTURING, INC.

Principal Place of Business **Mailing Address**
P.O. BOX 7312 **P.O. BOX 7312**
NORTH PORT FL 34287 **NORTH PORT FL 34287**

2. Principal Place of Business **3. Mailing Address**

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

City & State **City & State**

Zip **Country** **Zip** **Country**

6. Name and Address of Current Registered Agent

KOOPMAN, DENNIS E
11380 SUNRAY DR.
BONITA SPRINGS FL 34135

4. FEI Number **Applied For**
65-1139312 **Not Applicable**

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

7. Name and Address of New Registered Agent

Name **Koopman, Dennis E**
Street Address **3657 Junction St.**
City **North Port** **FL** **Zip Code** **34287**

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 *Dennis E Koopman* *Dennis Koopman* *April 4, 2002*
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) ☐

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 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **KOOPMAN, DENNIS E**
STREET ADDRESS **P.O. BOX 7312**
CITY-ST-ZIP **NORTH PORT FL 34287**

TITLE ☐ Delete
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CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **Koopman, Dennis E**
STREET ADDRESS **3657 Junction St**
CITY-ST-ZIP **North Port, FL 34287**

TITLE ☐ Change ☐ Addition
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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: *Dennis E Koopman* *Dennis Koopman* *941-416-4681* *Apr 4, 2002*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/01)