

2001 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **P93000009834**

1. Entity Name

NOVA CARPENTRY, INC.**FILED**
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 91318 023 ***150.00

925328

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**10825 TOM FOLSON ROAD
SUITE A
THONOTOSASSA FL 33592-3456
US****P.O. BOX 2771
BRANDON FL 33509-2771
US**

2. Principal Place of Business

3. Mailing Address

10825 Tom Folsom Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite A

City & State

City & State

THONOTOSASSA, FL.

Zip

Country

Zip

Country

33592-3456**USA**4. FEI Number **65-0388575**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NYMARK, DENNIS V
137 SOUTH PEBBLE BEACH BLVD.
SUITE 201
SUN CITY CENTER FL 33573**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	MACDONALD, HUGH	
STREET ADDRESS	10825 TOM FOLSON RD., STE A	
CITY-ST-ZIP	THONOTOSASSA FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	MACDONALD III, HUGH	
STREET ADDRESS	10825 TOM FOLSON RD., STE A	
CITY-ST-ZIP	THONOTOSASSA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/01

Date

813/986-4968

Daytime Phone #

CR2E034 (10/00)