

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90111 041 ***150.00

DOCUMENT # **P94000000332**

1. Entity Name

NOVA INDUSTRIES INC.

DO NOT WRITE IN THIS SPACE

80056810

2. Principal Place of Business

10692 OVERSEAS HWY.

Suite, Apt. #, etc.

3. Mailing Address

10692 OVERSEAS HWY.

Suite, Apt. #, etc.

City & State

MARATHON, FLA.

City & State

MARATHON, FLA.

4. FEI Number

59-1183895

Applied For

Not Applicable

Zip

33050

Country

MONROE

Zip

33050

Country

MONROE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

TURNER, OTHEL

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

3741 WEST BROWARD BLVD. STE. 201

City

FT. LAUDERDALE, FL.

FL

Zip Code

33312

**DO NOT WRITE
IN THIS SPACE**

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) ☐

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
NAME

PVTS

KOPP, JAMES T. JR.

STREET ADDRESS

88500 OVERSEAS HWY.

CITY-ST-ZIP

TAVERNIER, FLA. UNIT # 309

TITLE
NAME

STREET ADDRESS

CITY-ST-ZIP

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

SIGNATURE:

JAMES T. KOPP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-02

Date

(561) 350-5451
Daytime Phone #

CR2E034B (12/01)