

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000070086

1. Entity Name

NOVUS SOFTWARE, INC.

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90065 014 ***150.00

Principal Place of Business

Mailing Address

7439 E HILLSBOROUGH AVE
TAMPA FL 33610

7439 E HILLSBOROUGH AVE
TAMPA FL 33610-4227

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3335358

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LOPEZ, JOE L
729 CRUISEVIEW DR
TAMPA FL 33602

Name

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

4048 W. Kennedy Blvd, #609

City

Tampa

FL

Zip Code

33609

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

1/5/00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME ROSENQUIST, MARK
STREET ADDRESS 1191 NE 199 ST
CITY-ST-ZIP NORTH MIAMI BEACH FL 33602

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME LOPEZ, JOE L
STREET ADDRESS 729 CRUISEVIEW DR
CITY-ST-ZIP TAMPA FL 33602

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 4048 W. Kennedy Blvd, #609
CITY-ST-ZIP TAMPA FL 33609-2750

TITLE VD ☒ Delete
NAME LOPEZ, JANET L
STREET ADDRESS 10426 SPRING ROSE DR
CITY-ST-ZIP TAMPA FL 33626

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Date

Daytime Phone #

1/5/00 813-664-1622

CR2F034 (9/99)