

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000005978

1. Entity Name

NOVA PLASTICS

Principal Place of Business  
289 NW 68TH AVE

Mailing Address

OCALA, FL  
34482-8232

2. Principal Place of Business  
289 NW 68TH AVE

3. Mailing Address  
289 NW 68TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
OCALA, FL

City & State  
OCALA, FL

Zip  
34482-8232

Country

Zip  
34482-8232

Country

4. FEI Number  
59-3474286

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

GARY DUNN

Name

5286 SW 88TH PLACE  
OCALA, FL 34476-3870

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, 2000 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. ☐ Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT  
NAME CAROLE DUNN  
STREET ADDRESS 5286 SW 88TH PLACE  
CITY - ST - ZIP Ocala, FL 34476-3870 ☐ Delete

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

TITLE CEO/D  
NAME GARY DUNN  
STREET ADDRESS 5286 SW 88TH PLACE  
CITY - ST - ZIP Ocala, FL 34476-3870 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 in an attachment with an address, with all other like empowered.

SIGNATURE: Carole Dunn / CAROLE DUNN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-03 352-861-8900  
Date Daytime Phone #

FILED

03 MAR -6 PM 2:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

300013990023  
03/12/03--01043--009 \*\*150.00

DO NOT WRITE IN THIS SPACE

CRE034 (9/99)