

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000040229

1. Entity Name
ANOVA, INC.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90315 023 ***150.00

Principal Place of Business

7922 IDLEWILD LANE
LARGO FL 33777

Mailing Address

7922 IDLEWILD LANE
LARGO FL 33777

2. Principal Place of Business

9225 ULMERTON RD.

3. Mailing Address

P.O. BOX 1184

Suite, Apt. #, etc.

SUITE D

Suite, Apt. #, etc.

City & State

LARGO FL

City & State

LARGO FL

4. FEI Number 59-3386479

Applied For:

Not Applicable

Zip

33771

Country

USA PINELLAS Co.

Zip

33779-1184

Country

USA PINELLAS Co.

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WINTERS, ELISE K
600 CLEVELAND STREET SUITE 940
CLEARWATER FL 34615

7. Name and Address of New Registered Agent

Name

SUSAN E. DUFF

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

7922 IDLEWILD LANE

City

LARGO

Zip Code

33777

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 Susan E. Duff SUSAN E. DUFF
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

4/18/01

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 State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P
NAME DUFF, SUSAN E
STREET ADDRESS 7922 IDLEWILD LAND
CITY-ST-ZIP LARGO FL 33777 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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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)(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: Susan E. Duff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/01

Date

727-588-7798
Daytime Phone #

CR2E034 (10/00)