

6/27/01

**FILED**  
**Aug 15, 2001 8:00 am**  
**Secretary of State**

06-27-2001 90289 050 \*\*\*150.00  
08-15-2001 90002 048 \*\*\*400.00

**2001 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P96000059521**

1. Entity Name  
**NOVAK CONSTRUCTION, INC.**

Principal Place of Business  
**2705 GULF BREEZE PKWY  
GULF BREEZE FL 32562  
US**

Mailing Address  
**P.O. BOX 1102  
GULF BREEZE FL 32562**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**5789 GULF BREEZE PKWY**  
Suite, Apt. #, etc.

3. Mailing Address  
**5789 GULF BREEZE PKWY**  
Suite, Apt. #, etc.

City & State  
**GULF BREEZE FL**

City & State  
**GULF BREEZE**

Zip Country  
**32563 U.S.A.**

Zip Country  
**32563 U.S.A.**

4. FEI Number **59-3395070**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**NOVAK, JOHN  
6844 AVENDIA DE GALVEZ  
NAVARRE FL 32566**

7. Name and Address of New Registered Agent  
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 **6/18/01**  
Signature, type 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 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PST NOVAK, JOHN 6844 AVENDIA DE GALVEZ NAVARRE FL 32566</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **6/18/01** **850 934-7007**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2ED34 (10/00)