


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91776 003 ***150.00

DOCUMENT # P96000073983	
1. Entity Name NOVASOFT, INC. Mekatronix, Inc	

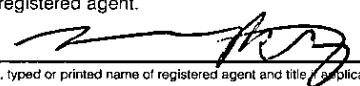
Principal Place of Business 1615 CHATSWORTH AVE 316 NW 17th St. A RICHMOND VA 23235 Gainesville FL 32603	Mailing Address 1615 CHATSWORTH AVE 316 NW 17th St. A RICHMOND VA 23235 Gainesville FL 32603
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2. Principal Place of Business 316 NW 17th St	3. Mailing Address 316 NW 17th St.
Suite, Apt. #, etc. A	Suite, Apt. #, etc. A
City & State Gainesville FL	City & State Gainesville, FL
Zip 32603	Country USA

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent DOTY, KP 1615 NW 15TH FL GAINESVILLE FL 32605	7. Name and Address of New Registered Agent Name K Doty Street Address (P.O. Box Number is Not Acceptable) 316 NW 17th St. A City Gainesville FL Zip Code 32603
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **4/26/03** DATE

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME DOTY, KP STREET ADDRESS 1615 CHATSWORTH AVE 316 NW 17th St. CITY-ST-ZIP RICHMOND VA 23235	<input type="checkbox"/> Delete	TITLE D NAME Kahil Peters STREET ADDRESS 316 NW 17th St. CITY-ST-ZIP Gainesville, FL 32603	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME Keith Doty STREET ADDRESS 316 NW 17th St. CITY-ST-ZIP Gainesville, FL 32603	<input type="checkbox"/> Delete	TITLE D NAME Keith Doty STREET ADDRESS 316 NW 17th St. CITY-ST-ZIP Gainesville, FL 32603	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME Keith Doty STREET ADDRESS 316 NW 17th St. CITY-ST-ZIP Gainesville, FL 32603	<input type="checkbox"/> Delete	TITLE D NAME Keith Doty STREET ADDRESS 316 NW 17th St. CITY-ST-ZIP Gainesville, FL 32603	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **4/26/03 352 376 7373**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)