

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90214 049 ***150.00

DOCUMENT # P97000030638

1. Entity Name
NOVA CONCEPTS, INC.

Principal Place of Business
3750 SARAH BROOK COURT
JACKSONVILLE FL 32277

Mailing Address
3750 SARAH BROOK COURT
JACKSONVILLE FL 32277



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3449402**

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

BROWNLEE, VERNON H
3750 SARAH BROOK COURT
JACKSONVILLE FL 32277

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 _____ (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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **DP BROWNLEE, VERNON H**
 STREET ADDRESS **3750 SARAH BROOK COURT**
 CITY-ST-ZIP **JACKSONVILLE FL 32277**

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

TITLE ☐ Delete
 NAME **VP BRAMBLE, TIMOTHE R**
 STREET ADDRESS **19120 TRAILVIEW**
 CITY-ST-ZIP **SAN ANTONIO TX 78258**

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

TITLE ☐ Delete
 NAME **CFO GRAHAM, THOMAS L**
 STREET ADDRESS **2664 BENT HICKORY CIR**
 CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **846 VICTORIA TERRACES**
 CITY-ST-ZIP **ATLANTA SPRINGS, FL 32701**

TITLE ☐ Delete
 NAME **VP BROWNLEE, PERRY F**
 STREET ADDRESS **105 BROOKSHIRE DR**
 CITY-ST-ZIP **FAYETTEVILLE GA 30215**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 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: *Vernon H Brownlee* **4-16-2002** 904-743-5533
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)