

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90141 041 ***158.75

DOCUMENT # P97000075689

1. Entity Name

R.G. NOVELLO, INC.

Principal Place of Business

1780 CLARE AVE
 WEST PALM BEACH FL 33401

Mailing Address

1780 CLARE AVE
 WEST PALM BEACH FL 33401

2. Principal Place of Business

3694 23rd Ave So.

3. Mailing Address

P.O. Box 16095

Suite, Apt. #, etc.

Suite #9

Suite, Apt. #, etc.

City & State

Lake Worth FL

City & State

West Palm Beach FL

Zip

33461

Country

USA

Zip

33416

Country

USA

4. FEI Number

65-0780418

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

NOVELLO, RAYMOND G
 1821 EVERGREEN DRIVE
 LAKE CLARKE SHORES FL 33406

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

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)

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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.

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\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PT
 NAME LISA J NOVELLO
 STREET ADDRESS 1821 EVERGREEN DR
 CITY-ST-ZIP LAKE CLARKE SHORES FL 33406

☐ Delete

TITLE VS
 NAME RAYMOND G NOVELLO
 STREET ADDRESS 1821 EVERGREEN DR
 CITY-ST-ZIP LAKE CLARKE SHORES FL 33406

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TITLE
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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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:

Raymond G. Novello
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VP Raymond G. Novello 1/29/2001 561-642-3222
 Date Daytime Phone #

CR2E034 (10/00)