

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000009697

1. Entity Name
M-J. NOVAK & ASSOCIATES, INC.

FILED
Mar 29, 2000 8:00 am
Secretary of State
03-29-2000 90068 018 ***158.75

Principal Place of Business
POINSETTA AVE. #1804
PALM BEACH FL 33407

Mailing Address
5600 POINSETTA AVE. #1804
WEST PALM BEACH FL 33477-1111

C0047333



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
601 SOUTH SEAS DRIVE
Suite, Apt. #, etc.
#201
City & State
JUPITER, FL
Zip
33477
Country
PALM BEACH

3. Mailing Address
4300 SOUTH U.S. HWY 1
Suite, Apt. #, etc.
STE 203-287
City & State
JUPITER, FL
Zip
33477
Country
PALM BEACH

4. FEI Number 65-0812846
Applied For
Not Applicable

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

NOVAK, MICHAEL J
5600 POINSETTA AVE. #1804
WEST PALM BEACH FL 33407

Name
Street Address (P.O. Box Number is Not Acceptable)
601 SOUTH SEAS DRIVE #201
City JUPITER FL Zip Code 33477

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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	PS NOVAK, MICHAEL J 5600 POINSETTA AVE. #1804 WEST PALM BEACH FL 33407 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 601 SOUTH SEAS DRIVE #201 JUPITER, FL 33477
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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

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: Michael J. Novak MICHAEL J. NOVAK 3/27/00 561-965-4499
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #