

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P9800 0089572

1. Entity Name

NOVASENSE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2955 Krista Key Circh.

Suite, Apt. #, etc.

3. Mailing Address

Same

City & State

Orlando FL

Zip 32817

City & State

Zip

Country

4. FEI Number

59-3539508

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

7. Name and Address of Current Registered Agent

Name Amerilawyer

Street Address (P.O. Box Number is Not Acceptable)

343 Almeria Avenue

City

Coral Gables

FL

Zip Code 33134

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)

January 1, May 1, Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE PSTD
NAME NASEER, LISA S.
STREET ADDRESS 110 Wheatley
CITY-ST-ZIP CARY, NC 27513

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD
NAME NASEER, NAJAH A.
STREET ADDRESS 110 Wheatley
CITY-ST-ZIP CARY, NC 27513

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE *Lisa Naser*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02

(919)215-3902

Date

Daytime Phone #

CR2E034B (12/01)