

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000079766

1. Entity Name
NOVA SECURITY AGENCY INC.

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 90067 032 ***160.00

Principal Place of Business

4106 VARN AVE
TAMPA FL 33616

Mailing Address

4106 VARN AVE
TAMPA FL 33616

2. Principal Place of Business

4104 VARN AVE

Suite, Apt. #, etc.

3. Mailing Address

4104 VARN AVE

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

TAMPA FL

4. FEI Number 59-3597013

Applied For

Not Applicable

Zip

Country

33616

HILLSBOROUGH

Zip

Country

33616

HILLSBOROUGH

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CONOVER, JOSEPH M
4216 S. MANHATTAN AVE., SWE #112
TAMPA FL 33611

7. Name and Address of New Registered Agent

Name

CONOVER, JOSEPH M

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

4104 VARN AVE

TAMPA FL

33616

City

TAMPA

FL

Zip Code

33616

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 J. Conover / J. CONOVER

04/20/01

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, 2001 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

TITLE P
NAME CONOVER, JOSEPH M
STREET ADDRESS 4106 VARN AVE
CITY-ST-ZIP TAMPA FL 33616 ☐ Delete

TITLE
NAME
STREET ADDRESS N/A
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS N/A
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS N/A
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS N/A
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS N/A
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME CONOVER, JOSEPH M
STREET ADDRESS 4104 VARN AVE
CITY-ST-ZIP TAMPA FL 33616 ☒ Change ☐ Addition

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: J. Conover / J. CONOVER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/20/01 (813) 882-5208

Date Daytime Phone #

CR2E034 (10/00)