

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000079766

1. Entity Name  
NOVA SECURITY AGENCY INC.



**FILED**  
**Sep 19, 2003 8:00 am**  
**Secretary of State**

09-19-2003 90002 043 \*\*\*158.75

Principal Place of Business  
4104 VARN AVE  
TAMPA FL 33616

Mailing Address  
4104 VARN AVE  
TAMPA FL 33616

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3597013

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CONOVER, JOSEPH M.  
4104 VARN AVE  
TAMPA FL 33616

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CONOVER, JOSEPH M.  
4104 VARN AVE  
TAMPA FL 33616

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09-12-03

(813) 227-8566

Date

Daytime Phone #

CR2E034 (4/03)



**NOVA AGENCY**

*TO SERVE AND PROTECT*

ATTACHMENT  
1011558/ #P99000079766

15, September 2003

Attn: Florida Dept. of State  
Re: 2003 Uniform Business Report  
From: Col. Joseph Conover Chief of Operations

## Crime Prevention

To whom it may concern

This letter is to address the fee's placed upon our company secondary to none payment of the first notice. I need to make it clear that we never received the first notice nor did we believe that our renewal was do. This notice and payment as I am sure you can see was sent out post the date noted on our first noticed received you second notice. This is do only to the fact that this division in Florida has not been in service secondary to myself and staff being deployed to serve our nation in the armed forces.

Further details as to our type of service can not be given at this point in time, just know that if we could have made a timely payment it would have been done.

Thank you

*J. Conover*  
Joseph Conover

Emergency  
Medical  
Care