

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000008131

**Entity Name:** NOVA R FULLER PA

**Current Principal Place of Business:**

5686 TRIMBLE PARK ROAD  
MOUNT DORA, FL 32757

**Current Mailing Address:**

P O BOX 91  
MOUNT DORA, FL 32756 UN

**FEI Number:** 82-4174956

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

FULLER, NOVA R  
5686 TRIMBLE PARK ROAD  
MOUNT DORA, FL 32756 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name FULLER, NOVA R  
Address P O BOX 91  
City-State-Zip: MOUNT DORA FL 32756

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** NOVA R FULLER

**PRESIDENT**

**05/29/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date