

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F22000006655

Entity Name: NOVUSPOINT, INC.

**Current Principal Place of Business:**

2170 RAINBOW DR.  
CLEARWATER, FL 33765

**Current Mailing Address:**

2170 RAINBOW DR.  
CLEARWATER, FL 33765 US

FEI Number: 92-0935095

Certificate of Status Desired: No

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

AVINA, CHASITI L  
2170 RAINBOW DR.  
CLEARWATER, FL 33765 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 CHAIRMAN  
Name GUIDRY, ROBERT  
Address 2170 RAINBOW DR.  
City-State-Zip: CLEARWATER FL 33765

Title PRESIDENT  
Name WESTMORELAND, WESLEY H  
Address 2170 RAINBOW DR.  
City-State-Zip: CLEARWATER FL 33765

Title SECRETARY  
Name AVINA, CHASITI  
Address 2170 RAINBOW DR.  
City-State-Zip: CLEARWATER FL 33765

Title DIRECTOR  
Name AVINA, MICHAEL  
Address 2170 RAINBOW DR.  
City-State-Zip: CLEARWATER FL 33765

Title DIRECTOR  
Name SHUTZ, ANTON  
Address 2170 RAINBOW DR.  
City-State-Zip: CLEARWATER FL 33765

Title DIRECTOR  
Name YOUNG, JAMES  
Address 2170 RAINBOW DR.  
City-State-Zip: CLEARWATER FL 33765

Title DIRECTOR  
Name ANDERSON, DOMINIQUE  
Address 2170 RAINBOW DR.  
City-State-Zip: CLEARWATER FL 33765

Title DIRECTOR  
Name BASS, EDWARD R.  
Address 2170 RAINBOW DR.  
City-State-Zip: CLEARWATER FL 33765

*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: CHASITI AVINA

COO

04/24/2024

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

\_\_\_\_\_  
Date