

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000006642

Entity Name

NOONEY CONSTRUCTION, INC.

FILED

Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90152 037 ***150.00

Principal Place of Business 4624 EDISON AVE JACKSONVILLE FL 32254 US	Mailing Address 4624 EDISON AVE STE 314 JACKSONVILLE FL 32254 US
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2. Principal Place of Business 4624 Edison Avenue	3. Mailing Address 4624 Edison Avenue
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Suite, Apt. #, etc. None	Suite, Apt. #, etc. NONE
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City & State Jacksonville, FL	City & State Jacksonville, FL
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Zip 32259	Country Duval	Zip 32259	Country Duval
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3217823	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent NOONEY, FREDERICK T III 4624 EDISON AVE JACKSONVILLE FL 32259

7. Name and Address of New Registered Agent 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. Frederick T. Nooney, III President
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SIGNATURE <i>No Changes</i>	DATE 1/31/01
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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
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NOONEY, FREDERICK T III 445-26 S.R. 13 STE. 314 JACKSONVILLE FL 32259 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOMAN, HARRY M III 4805 RIVER POINT RD. JACKSONVILLE FL 32207 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST NOONEY, SHARON A 1226 WOOD DUCK COURT JACKSONVILLE FL 32259 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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
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.	
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SIGNATURE: <i>Sharon A. Nooney</i>	Sharon A. Nooney	1/31/01	(904) 387-4300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR2E034 (10/00)