2002 Uniform Business Report (UBR)

Mar 18, 2002 8:00 am § DOCUMENT # P98000091864 **Secretary of State** 1. Entity Name NOBLE LENDING GROUP, INC. 03-18-2002 90052 004 ***158.75 Principal Place of Business Mailing Address 7522 WILES ROAD 5779 NW 50 DRIVE CORAL SPRINGS FL 33067 107-R CORAL SPRINGS FL 33067 2. Principal Place of Business 3. Mailing Address 5779 NN 50 DISINE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0871751 SPRIMGS, FL CORAL Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 00 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JENNINGS, EDWARD J ESQ. Street Address (P.O. Box Number is Not Acceptable) 200 SE 18TH CT FORT LAUDERDALE FL 33316 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 printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 \Box Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TĪĪLE ☐ Delete TITLE ☐ Change ☐ Addition CR2E034 (9/01 IOVELLI, ANTHONY W NAME 5779 NW 50TH DR STREET ADDRESS STREET ADDRESS CORAL SPRINGS FL 33073 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ~ - - Delete ☐ Change □ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED

Daytime Phone #