

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90060 043 ***150.00

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DOCUMENT # 117057

1. Entity Name

CLAUDE NOLAN INC.

Principal Place of Business

Mailing Address

**4250 LAKESIDE
 #208
 JACKSONVILLE FL 32210
 US**

**P O BOX 22
 ORTEGA STATION
 JACKSONVILLE FL 32210
 US**

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 **59-0378220**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HELMICK JR, JOHN P
 4250 LAKESIDE DR #208
 JACKSONVILLE FL 32210**

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.

SIGNATURE _____ DATE _____
Signature, typed or 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 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
VD <input type="checkbox"/> Delete	HELMICK, JOHN P, JR 4250 LAKESIDE DR #208 JACKSONVILLE FL 32210	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
VASD <input type="checkbox"/> Delete	BROWN, BARRET 4250 LAKESIDE DR #208 JACKSONVILLE FL 32210	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
PTD <input type="checkbox"/> Delete	BROWN, LILA BYRD 4250 LAKESIDE DR #208 JACKSONVILLE FL 32210	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
AV <input type="checkbox"/> Delete	HELMICK, MARC A 4250 LAKESIDE DRIVE #208 JACKSONVILLE FL 32210	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
AVS <input type="checkbox"/> Delete	HELMICK, CLAUDETTE B 4250 LAKESIDE DRIVE #208 JACKSONVILLE FL 32210	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: _____

Barret Brown
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/01
 Date

904-29-7340
 Daytime Phone #

CR2E034 (10/00)