

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 398680

1. Entity Name

MILLARD J. NOBLIN REALTY, INC.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90266 022 ***150.00

Principal Place of Business

1300 METROPOLITAN BLVD.
TALLAHASSEE FL 32308

Mailing Address

P.O. BOX 14019
TALLAHASSEE FL 32317

2. Principal Place of Business

1815 Miccosukee Commons Dr.,

3. Mailing Address

P.O. Box 14019

Suite, Apt. #, etc.

Suite 104

Suite, Apt. #, etc.

City & State

Tallahassee, Florida

City & State

Tallahassee, Florida

Zip

32308

Country

Leon

Zip

32317-4019

Country

Leon

4. FEI Number

59-1396560

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

NOBLIN, MILLARD J

1300 METROPOLITAN BLVD

TALLAHASSEE FL 32308

1815 Miccosukee Commons
Dr., Suite 104
32317-4019

Name

Noblin, Millard J.

Street Address (P.O. Box Number is Not Acceptable)

1815 Miccosukee Commons Dr., Suite 104

City

Tallahassee

FL

Zip Code
32312

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/23/01
DATE

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

TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	HENDERSON, BETTY	
STREET ADDRESS	1300 METROPOLITAN BLVD.	
CITY-ST-ZIP	TALLA FL 32308	
TITLE	PD	<input type="checkbox"/> Delete
NAME	NOBLIN, MILLARD J	
STREET ADDRESS	2508 HARRIMAN CIR	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BROCKETT, D ANN	
STREET ADDRESS	1300 METROPOLITAN BLVD.	
CITY-ST-ZIP	TALLA FL 32308	
TITLE	TD	<input type="checkbox"/> Delete
NAME	NOBLIN, BARBARA P	
STREET ADDRESS	2508 HARRIMAN CIR	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/23/01 Daytime Phone #

CR2E034 (10/00)