

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90054 005 ***150.00

DOCUMENT # 398680

1. Entity Name

MILLARD J. NOBLIN REALTY, INC.

Principal Place of Business

**1815 MICCOSUKEE COMMONS DRIVE
 SUITE 104
 TALLAHASSEE FL 32308**

Mailing Address

**P.O. BOX 14019
 TALLAHASSEE FL 32317-4019**

2. Principal Place of Business

1809 Miccosukee Commons Dr.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 112

City & State

Tallahassee, FL

City & State

4. FEI Number

59-1396560

Applied For

Not Applicable

Zip

32308

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**NOBLIN, MILLARD J
 1815 MICCOSUKEE COMMONS DRIVE
 SUITE 104
 TALLAHASSEE FL 32312**

7. Name and Address of New Registered Agent

**Name
 Noblin, Millard J.
 Street Address (P.O. Box Number is Not Acceptable)
 1809 Miccosukee Commons Drive
 Suite 112
 City
 Tallahassee FL Zip Code
 32308**

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 reappointing)

DATE

4/17/02

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, 2002 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

TITLE **PD** ☐ Delete
 NAME **NOBLIN, MILLARD J**
 STREET ADDRESS **2508 HARRIMAN CIR**
 CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE **TD** ☐ Delete
 NAME **NOBLIN, BARBARA P**
 STREET ADDRESS **2508 HARRIMAN CIR**
 CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **Zip Code change only: 32308**

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 CITY-ST-ZIP **Zip Code change only: 32308**

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 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

4/17/02

Date

(850) 877-5841

Daytime Phone #

CR2E034 (9/01)