

2001 UNIFORM BUSINESS REPORT (UBR)

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

03-16-2001 90001 045 ***150.00

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DOCUMENT # 691669

1. Entity Name
NOEL GROVES, INC.

Principal Place of Business 1300 HARTMAN RD. FT PIERCE FL 34947	Mailing Address 1300 HARTMAN RD. FT PIERCE FL 34947
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534033



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2402909		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
NOELKE, DENNIS J 1300 HARTMAN RD FT PIERCE FL 34947				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) <input checked="" type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BAIRD, KATHRYN N			NAME			
STREET ADDRESS	2871 HAWTHORNE DR NE			STREET ADDRESS			
CITY-ST-ZIP	ATLANTA GA 30345			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NOELKE, JOSEPH H			NAME			
STREET ADDRESS	1300 HARTMAN RD			STREET ADDRESS			
CITY-ST-ZIP	FT PIERCE FL 34947			CITY-ST-ZIP			
TITLE	P	<input checked="" type="checkbox"/> Delete		TITLE	P/D	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NOELKE, DENNIS J			NAME			
STREET ADDRESS	1650 BELL AVE.			STREET ADDRESS			
CITY-ST-ZIP	FT PIERCE FL 34982			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BECHT, BEVERLY N.			NAME			
STREET ADDRESS	4485 LAKE IVANHOE DR.			STREET ADDRESS			
CITY-ST-ZIP	TUCKER GA 30084-2728			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NOELKE, CHARLES J			NAME			
STREET ADDRESS	16 PERTH DR			STREET ADDRESS			
CITY-ST-ZIP	WILMINGTON DE 19803-2627			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE	S/D	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NOELKE, JOSEPH H JR.			NAME			
STREET ADDRESS	2504 GRAY TWIG LANE			STREET ADDRESS			
CITY-ST-ZIP	FORT PIERCE FL 34981			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)(f), 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: Secretary **13 Mar 2001 (561)461-2560**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
JOSEPH H. NOELKE JR.

CR2E034 (10/00)