

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2000 8:00 am
Secretary of State
 04-23-2000 90056 034 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # F68160
 1. Entity Name
JACK NOLL, INC.

Principal Place of Business 632 N W SUNSET DR. STUART FL 34994	Mailing Address 632 N W SUNSET DR. STUART FL 34997-1932
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2. Principal Place of Business 4715 S.E. DeSota AVE	3. Mailing Address 4715 S.E. DeSota AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Stuart, Florida	City & State Stuart Florida
Zip 34997	Country U.S.A.
Zip 34997	Country U.S.A.

4. FEI Number 59-2159338	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

NOLL, JOSEPH J
632 N. W. SUNSET DRIVE
STUART 34994

7. Name and Address of New Registered Agent

Name
Joseph J. Noll

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 *Joseph J. Noll* **Joseph J. Noll (Pres.)** DATE **April 15, 2000**

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	PD NOLL, JOSEPH J. 632 NW SUNSET DRIVE STUART FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD NOLL, BARBARA A 632 NW SUNSET DRIVE STUART FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: *Joseph J. Noll* **Joseph J. Noll (Pres.)** DATE: **April 15, 2000** DAYTIME PHONE #: **561-221-3883**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)