

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F68160

1. Entity Name

JACK NOLL, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90454 020 ***150.00

C0055762



DO NOT WRITE IN THIS SPACE

Principal Place of Business

4715 SE DESOTA AVE
STUART FL 34997
US

Mailing Address

4715 SE DESOTA AVE
STUART FL 34997
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-2159338

Used For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NOLL, JOSEPH J

~~632 N.W. SUNSET DRIVE~~ 4905 S.E. Capstan Ave
Bldg B, #6
Stuart, FL 34997
~~STUART FL 34994~~

7. Name and Address of New Registered Agent

Name

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

City

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

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	NOLL, JOSEPH J.	
STREET ADDRESS	632 NW SUNSET DRIVE	
CITY-STATE-ZIP	STUART FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	NOLL, BARBARA A	
STREET ADDRESS	632 NW SUNSET DRIVE	
CITY-STATE-ZIP	STUART FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joseph J. Noll	
STREET ADDRESS	4905 S.E. CAPSTAN AVE (Bldg B, #6)	
CITY-STATE-ZIP	Stuart, FL 34997	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barbara A. Noll	
STREET ADDRESS	4905 S.E. CAPSTAN AVE (Bldg B, #6)	
CITY-STATE-ZIP	Stuart, FL 34997	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-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

4-20-01

Date

561-221-3883

Daytime Phone #

CR2E034 (10/00)