

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F97000004932**

1. Entity Name

NOCH INC. II

**FILED****Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90062 024 \*\*\*150.00

Principal Place of Business

1978 GULFSHORE BLVD. S.  
NAPLES FL 34102

Mailing Address

1978 GULFSHORE BLVD. S.  
NAPLES FL 34102-7566

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

59-3470504

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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

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, 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  
DPST  
NOCH, MICHAEL  
1978 GULFSHORE BLVD. SOUTH  
NAPLES FL 34102 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME ☐ Change ☐ AdditionSTREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Change ☐ AdditionSTREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Change ☐ AdditionSTREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Change ☐ AdditionSTREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Change ☐ AdditionSTREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Change ☐ AdditionSTREET 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 the empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/21/00

Daytime Phone #

941-403-1606

CR2F034 (9/99)