

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90785 037 ***150.00

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DOCUMENT # G24514

1. Entity Name

CHARLES NOFAL, INC.



Principal Place of Business
2703 N PONCE DE LEON BLVD
SAINT AUGUSTINE FL 32084

Mailing Address
P. O BOX 1507
ST. AUGUSTINE FL 32085-1507



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2261021

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NOFAL, CHARLES
2703 PONCE DE LEON BLVD
SAINT AUGUSTINE FL 32084

Name

NOFAL, CHARLES

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

2703 N. PONCE DE LEON BLVD.

ST. AUGUSTINE, FL 32084

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
NOFAL, CHARLES E
2703 PONCE DE LEON BLVD
ST AUGUSTINE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
2703 N. PONCE DE LEON BLVD
ST AUGUSTINE, FL 32084

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
NOFAL, CAROLYN
2703 PONCE DE LEON BLVD
ST. AUGUSTINE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
2703 N. PONCE DE LEON BLVD.
ST. AUGUSTINE, FL 32084

TITLE
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-03 904 829-8679

Date

Daytime Phone #

CR2E034 (10/02)