2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G42684 1. Entity Name								•	
NOAH GARRETT & SONS, INC.					FILED				
Principal Plac			01 SEP 27 AM 8: 44						
Principal Place of Business 1615 COUNTRY CLUB DR.		Mailing Address 1815 COUNTRY CLUB DR.							
LYNN HAVEN FL 32444		LYNN HAVEN FL 32444			SEGRETARY OF STATE TABLAHASSEE. FLORIDA				
2. Principal Place of Business		3. Mailing Address				Eigh bigh bleit g	EN BIBIT (BET		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE					
City & State		City & State		1	4. FEI Number Applied For				
					59-2302689	No	ot Applicable	1	
Žip	Country	Zip	Country	5.	Certificate of Status Desired	\$8.75 Add Fee Require			
	6. Name and Address of Current R	egistered Agent	N	7.	Name and Address of New Registered	J Agent		1	
CARRETT	, N. BENJAMIN		Name						
1615 COL	Street Addres	Street Address (P.O. Box Number is Not Acceptable)							
LYNN HAVEN FL 32444									
			City		F	Zip Cod	е	1	
8. The above	named entity submits this statement for t	he purpose of changing its r	egistered office or regis	tered aç	gent, or both, in the State of Florida.			1	
SIGNATURE									
SIGNATURE	Signature, typed or printed name of registered agent and	title if applicable. (NOTE:	Registered Agent signature requ	ired when r	reinstating) DATE				
9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. After September 12			! FEE IS \$550.00 2001 Fee will be \$75					-	
	ria on back)		e to Department of S						
TITLE	OFFICERS AND D	IRECTORS Delete	12.	ΑĽ	ODITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS Change	S IN 11	1	
NAME	GARRETT, SARA W.	book	NAME					12/4	
STREET ADDRESS CITY-ST-ZIP	501 E. 4TH ST. LYNN HAVEN FL		STREET ADDRESS CITY-ST-ZIP		000 <u>00</u> 462	-01036	012	18	
TITLE	PD	☐ Delete	TITLE		****750.0	Û _#### î	SO Adoltion	}	
NAME STREET ADDRESS	Garrett, N. Benjamin 1615 Country Club Dr.		NAME STREET ADDRESS						
CITY-ST-ZIP	LYNN HAVEN FL		CITY-ST-ZIP						
TITLE	SD	☐ Delete	TITLE			☐ Change	Addition		
NAME STREET ADDRESS	GARRETT, CATHERINE 1615 COUNTRY CLUB DR.		NAME STREET ADDRESS					l	
CITY-ST-ZIP	LYNN HAVEN FL		CITY-ST-ZIP						
TITLE NAME	D ALSOBROOK, ANTHONY_	☐ Delete	TITLE NAME			☐ Change	Addition		
STREET ADDRESS	8904 HWY 2301		STREET ADDRESS						
CITY-ST-ZIP	YOUNGSTOWN FL	D Silvi	CITY-ST-ZIP				☐ Addition	$\frac{1}{2}$	
TITLE NAME		☐ Delete	TITLE NAME			Change	☐ Addition		
STREET ADORESS	•		STREET ADDRESS						
CITY-ST-ZIP		☐ Delete	CITY-ST-ZIP			☐ Change	☐ Addition	+	
NAME		- Delete	NAME			onango			
STREET ADDRESS CITY-ST-ZIP	1		STREET ADDRESS CITY-ST-ZIP						
	certify that the information supplied with the	nis filing does not qualify for t		Section	119.07(3)(i), Florida Statutes. I further co	ertify that the ir	formation	1	
of the cor	certify that the information supplied with the on this report or supplemental report is to poration or the receiver or trustee empower or on a stachment with or address, with the address, with the address, with the address, with the address of the control of the address of the control of the address of th	ered to execute this report a	s required by Charter 6	o same 07, Flor	iegai eriect as il made under oath; that ida Statutes; and that my name appears	in Block 11 or	Block 12 if		