

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # K93906**1. Entity Name
NOBLES-COLLIER, INC.Principal Place of Business
212 JEROME ST
IMMOKALEE FL 34142
Mailing Address
PO BOX 413038
NAPLES FL 34101

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number
65-0127062
Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**NOBLES JR L J**
212 JEROME ST
IMMOKALEE FL 34142**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 _____ **04/30/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|--------------------|--------------------------|--------------------|---------------------------------|
| D | MURRAH DAVID | 212 JEROME ST | IMMOKALEE FL 34142 | <input type="checkbox"/> |
| D | NOBLES LEWIS JIII | 212 JEROME STREET | IMMOKALEE FL | <input type="checkbox"/> |
| SD | LOUKONEN EVERETT | 1320 N. 15TH STREET | IMMOKALEE FL | <input type="checkbox"/> |
| TD | MARINELLI PAUL J | 2600 GOLDEN GATE PARKWAY | NAPLES FL | <input type="checkbox"/> |
| PD | NOBLES LEWIS JJR | 212 JEROME STREET | IMMOKALEE FL | <input type="checkbox"/> |
| CD | COLLIER BARRON III | 2600 GLDN GATE PKWY #200 | NAPLES FL | <input type="checkbox"/> |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|-------|--------------------|--------------------------|--------------------|------------------------------------------------------------------------------|
| D | NOBLES LEWIS JIII | 212 JEROME STREET | IMMOKALEE FL 34142 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| SD | LOUKONEN EVERETT | 1320 N. 15TH STREET | IMMOKALEE FL 34142 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TD | MARINELLI PAUL J | 2600 GOLDEN GATE PARKWAY | NAPLES FL 34105 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| PD | NOBLES LEWIS JJR | 212 JEROME STREET | IMMOKALEE FL 34142 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| CD | COLLIER BARRON III | 2600 GLDN GATE PKWY | NAPLES FL 34105 | <input checked="" 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: Paul J. Marinelli

TD 04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)