2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

L76068 **DOCUMENT #**

1. Entity Name

NOE & ASSOCIATES, INC.



FILED Mar 04, 2003 8:00 am & Secretary of State

03-04-2003 90063 016 ***150.00

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Principal Place of Business 2025 MINERVA AVE JACKSONVILLE FL 32207 US		Mailing Address 2025 MINERVA AVE JACKSONVILLE FL 3220 US	2025 MINERVA AVE JACKSONVILLE FL 32207					
2. Principal Place of Business		3. Mailing Address			T TO DESCRIBE SER THE STATE DESCRIBE STATE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State	City & State		4. FEI Number 59-3080360	Applied For Not Applicable		
Zip	Country	Zip	Coun	try	\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
NOE, JAY W.				Name				
2025 MINERVA AVE			Street Address (F	(P.O. Box Number is Not Acceptable)				
JACKSONVILLE FL 3	2207				***************************************			
			City FL Zip Code					
The above named entite the obligations of regis SIGNATURE		for the purpose of changing i	its registere	ed office or registere	ed agent, or both, in the State of Florida. I ar	n familiar with, and accept		
Signature, typed	or printed name of registered age	ant and title if applicable. (NO	DTE: Registere	d Agent signature required	when reinstating) DATE			
	!! FEE IS \$150.00 03 Fee will be \$550.0 o Florida Department		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees					

\$ 0.	OFFICERS AND DIRECTOR	RS	11.	1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME	PDC NOE, JAY	☐ Delete	TITLE NAME		☐ Change	☐ Addition		
STREET ADDRESS	2025 MINERVA AVE		STREET ADDRESS					
CITY-ST-ZIP	JACKSONVILLE FL 32207		CITY-ST-ZIP					
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition		
NAME			NAME					
STREET ADDRESS		Lambara de la la	STREET ADDRESS	الوالي والمعارضيوسيس بروايي والعالمست	· - -			
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE		Change	☐ Addition		
NAME			NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZiP					
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition		
NAME			NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition		
NAME			NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition		
NAME			NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			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: