FILED Sep 15, 2002 8:00 am Secretary of State 09-15-2002 90088 038 ****61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N0100000663

1. Entity Name

BOB AND JEAN NOELL CHARITABLE FOUNDATION, INC.

Suite, Apt. #, etc. City & State Country Zip Country Country 5. Certificate of Status Desired \$8.75 Adding Fee Required Name Name Name Noell, Robert E JR. 1232 ADAMS AVE. CLEARWATER FL 33756 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, at the obligations of registered agent. SIGNATURE Signature, typad or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE		of Business	Mailing Address	-					
Suite, Apt. #, etc. City & State Nome and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named onlity 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, a the obligations of registered agent and little if applicable. (NOTE Registered Agent segments required when renotating) DATE After September 13, 2002, min. will be \$236.25. Trust Fund Contribution. Added to Fees Added to Fees Make Check Payable to Department of State Trust Fund Contribution. Address To OFFICERS AND DIRECTORS IN INTER- INTER Robert E. Noe11, Jr. SIRET ADDRESS C/O James A. Martin, Jr., Esq. City-St-Zip Code Title Robert E. Noe11, Sr. City St-Zip City-St-Zip Title Delete Title NAME SIRET ADDRESS City-St-Zip City-St-Zip City St-Zip Ci									
City & State Street Address of Status Desired \$8.75 Addit \$8.75 Add	2. Principal Place of Business		3. Mailing Address						
Zip Country Zip Country 5. Certificate of Status Desired \$\$8.75 Addit Fee Required \$\$6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent	Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
Second S	City & State		City & State		4. FEI Number	25/05		olied For	
6. Name and Address of Current Registered Agent Name NOELL, ROBERT E JR. 1232 ADAMS AVE. CLEARWATER FL 33756 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. Lam familiar with, a the obligations of registered agent are defined or prefet name of registered agent and title if applicable. NOTE: Registered Agent signature required when reintaining) DATE After September 13, 2002, min. will be \$236.25. 9. Election Campaign Financing S.5.00 May Be Added to Fees Make Check Payable to Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN LINE NAME ROBERT E. Noell, Jr. STREET ADDRESS CITY-SI-ZIP CITY-SI-ZIP CHange CHANGE SIREET ADDRESS CITY-SI-ZIP CITY-SI-ZIP CHANGE CITY-SI-ZIP Delete TITLE D OLD Delete TITLE D OLD Delete TITLE D OLD DELET NAME SIREET ADDRESS CITY-SI-ZIP CHange CHange CHange Change CHANGE SIREET ADDRESS CITY-SI-ZIP CHange CHange CHANGE SIREET ADDRESS CITY-SI-ZIP CHANGE SIREET ADDRESS CITY-SI-ZIP CHANGE SIREET ADDRESS CITY-SI-ZIP CHANGE SIREET ADDRESS CITY-SI-ZIP CHANGE SIREET ADDRESS SIREET			Zip Country			is Dosired D	B.75 Addi		
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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 617, 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.

MALINE REQUIRED

9/11/02

(727) 441-8966