

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N93000005418**

1. Entity Name

NOBLE THOUGHTS DEVELOPMENT FOUNDATION, INC.**FILED****Jul 02, 2002 8:00 am
Secretary of State**

05-21-2002 91220 035 ****61.25

01392



DO NOT WRITE IN THIS SPACE

Principal Place of Business

9132 N BAY BLVD
ORLANDO FL 32819

Mailing Address

1000 W 10TH ST
#214
FORT WORTH TX 76102

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

36-3739900

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SEVAK, DAKSHA
9132 N BAY BLVD
ORLANDO FL 32819

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$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 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPP
SEVAK, DAKSHA
9132 N BAY BLVD
ORLANDO FL 32819☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPD
PATEL, JAYESH
2725 N PINE HILLS RD
ORLANDO FL☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPD
CHOKSI, DINESH
1095 CHURCHILL PL
BOLLINGBROOK IL☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPNEETIN PANDYA
1700 N. I 35
GAINESVILLE, TX 76240☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPD
PANDYA, JAVESH
6001 W WACO DR #600
WACO TX 76710☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition

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.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-02

Date

817-335-5682

Daytime Phone

CR2037 (9/01)