

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91890 027 ****61.25

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N93000005418

1. Entity Name
NOBLE THOUGHTS DEVELOPMENT FOUNDATION,
INC.



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

1803 REFINERY RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

GAINESVILLE, TX 76240

City & State

City & State

Zip

Country

Zip

Country

76240

COOKE



☐ CHECK HERE IF MAKING CHANGES

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

SEVAK, DAKSHA
9132 N BAY BLVD
ORLANDO, FL 32819

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent's signature required when resigning)

DATE

FILE NOW. FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME SEVAK, DAKSHA
STREET ADDRESS 9132 N BAY BLVD
CITY-ST-ZIP ORLANDO, FL 32819

TITLE D ☐ Delete
NAME PATEL, JAYESH
STREET ADDRESS 2725 N PINE HILLS RD
CITY-ST-ZIP ORLANDO, FL

TITLE D ☐ Delete
NAME PANDYA, JAVESH
STREET ADDRESS 6001 W WACO DR #600
CITY-ST-ZIP WACO, TX 76710

TITLE D ☐ Delete
NAME PANDYA, NEETIN
STREET ADDRESS 1700 N 136
CITY-ST-ZIP GAINESVILLE, TX 76240

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-03

940-668-0803

Date

Daytime Phone #

CR2E037 (10/02)