

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90011 033 ***150.00

DOCUMENT # P00000068236

1. Entity Name
NOBLE DEVELOPMENT CORPORATION

Principal Place of Business
1016 N.E. 35TH STREET
FORT LAUDERDALE FL 33334
US

Mailing Address
C/O GRUBER AND ASSOCIATES
1016 N.E. 35TH STREET
FORT LAUDERDALE FL 33334
1650 Southeast 17th Street, Suite 301
Fort Lauderdale, FL 33316-1735



2. Principal Place of Business
NORTHEAST

3. Mailing Address
C/O GRUBER AND ASSOCIATES, P.A.
Suite, Apt. #, etc.
1650 Southeast 17th Street, Suite 301

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

City & State

City & State
FORT LAUDERDALE, FL

4. FEI Number 65-1032917

Applied For
 Not Applicable

Zip
 Country
US

Zip
 Country
33316-1735 US

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

WILKES, JOHN P. ESQ.
150 NORTH FEDERAL HIGHWAY
SUITE 200
FORT LAUDERDALE FL 33301

Name
NOBLE, CRAIG D.
 Street Address (P.O. Box Number is Not Acceptable)
1016 NORTHEAST 35th Street
 City
PORT LAUDERDALE FL Zip Code
33334

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) **3/13/2002**
 DATE

9. 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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NOBLE CRAIG 1016 N.E. 35TH STREET FORT LAUDERDALE FL 33334	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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:
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **3/13/2002 94-522-2222**
 Date Daytime Phone #

CR2E034 (9/01)