

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-05-2003 91452 016 \*\*\*150.00

**DOCUMENT # P01000043661**

1. Entity Name  
**NOTEN ENTERPRISES, INC.**



Principal Place of Business  
**18406 LIVINGSTON AVE**  
**LUTZ FL 33549**

Mailing Address  
**P.O. BOX 47595**  
**TAMPA FL 33647**

2. Principal Place of Business  
**1221 Bruce B Downs**  
Suite, Apt. #, etc.

3. Mailing Address  
**1221 Bruce B Downs**  
Suite, Apt. #, etc.

City & State  
**WESLEY CHAPEL**  
Zip  
**33543**  
Country  
**USA**

City & State  
**WESLEY CHAPEL**  
Zip  
**33543**  
Country

4. FEI Number **APPLIED FOR**  
**010703925**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**THORNE, JAMIE**  
**28224 BROKENMEAD PATH**  
**WESLEY CHAPEL FL 33543**

**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 **Jamie M Thorne** **JAMIE M THORNE**  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**4/11/03**  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

TITLE **P** ☐ Delete  
NAME **MUZIK, SHARON L**  
STREET ADDRESS **18406 LIVINGSTON AVE.**  
CITY-ST-ZIP **LUTZ FL 33549**

TITLE **V** ☐ Delete  
NAME **THORNE, JAIME M**  
STREET ADDRESS **28224 BROKENMEAD PATH**  
CITY-ST-ZIP **WESLEY CHAPEL FL 33543**

TITLE **V** ☐ Delete  
NAME **THORNE, ZACHARY**  
STREET ADDRESS **28224 BROKENMEAD PATH**  
CITY-ST-ZIP **BROKENMEAD FL 33543**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

TITLE **V/D** ☒ Change ☐ Addition  
NAME **JAMIE THORNE**  
STREET ADDRESS **28224 Brokenmead Path**  
CITY-ST-ZIP **Wesley Chapel, FL 33543**

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

TITLE ☐ Change ☒ Addition  
NAME **S**  
STREET ADDRESS **PATRICIA LOTRE**  
CITY-ST-ZIP **18406 LIVINGSTON AVE**  
**TAMPA LUTZ, FL 33549**

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

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 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: **Jamie M Thorne**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/11/03** **8139739919**  
Date Daytime Phone #

CR2E034 (10/02)