

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90301 031 ***150.00

DOCUMENT # P01000067240

1. Entity Name

NOAH'S ARK NANNY PLACEMENT AGENCY, INC.

Principal Place of Business

**3720 NW 43 ST. STE 106
 GAINESVILLE FL 32606**

Mailing Address

**3720 NW 43 ST. STE 106
 GAINESVILLE FL 32606**

2. Principal Place of Business

3720 NW 43 Street

3. Mailing Address

3720 NW 43 Street

Suite, Apt. #, etc.

Suite 104

Suite, Apt. #, etc.

Suite 104

City & State

Gainesville, FL

City & State

Gainesville, FL

Zip

32606

Country

USA

Zip

Country

4. FEI Number

59-3729650

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

WIEBOLD, JONATHAN D

3720 NW 43 ST, STE 106

GAINESVILLE FL 32606

7. Name and Address of New Registered Agent

Name **Wiebold, Jonathan D**

Street Address (P.O. Box Number is Not Acceptable)

3720 NW 43 Street Suite 104

City **Gainesville,**

FL

Zip Code

32606

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

Jonathan D Wiebold

4-25-02

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

(NOTE: Registered Agent signature required when reinstating)

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
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME **P, S**
 STREET ADDRESS **WIEBOLD, LISA D.**
 CITY-ST-ZIP **3720 NW 43 St, Suite 104
 Gainesville, FL 32606**

TITLE ☐ Change ☐ Addition
 NAME **V, T**
 STREET ADDRESS **WIEBOLD, JONATHAN D.**
 CITY-ST-ZIP **3720 NW 43 Street, Suite 104
 Gainesville, FL 32606**

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

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

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

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

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:

Jonathan D Wiebold

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-02

352-376-5008

Date

Daytime Phone #

CR2E034 (9/01)