

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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3720 NW 43 Street

3. Mailing Address
3720 NW 43 Street

Suite, Apt. #, etc.
Suite 104

City & State
Gainesville, FL

City & State
Gainesville, FL

4. FEI Number
59-3729650

Applied For
 Not Applicable

Zip
32606

Country
USA

Zip
32606

Country
USA

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

**WIEBOLD, JONATHAN D
 3720 NW 43 ST, STE 106
 GAINESVILLE FL 32606**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	P, S WIEBOLD, LISA D.
STREET ADDRESS		STREET ADDRESS	3720 NW 43 St, Suite 104
CITY-ST-ZIP		CITY-ST-ZIP	Gainesville, FL 32606
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	V, T WIEBOLD, JONATHAN D.
STREET ADDRESS		STREET ADDRESS	3720 NW 43 Street, Suite 104
CITY-ST-ZIP		CITY-ST-ZIP	Gainesville, FL 32606
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 **REQUIRED**

4-25-02

352-376-5008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)