2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   P01000071212

1. Entity Name

NOBLE CONSULTING, INC.

Principal Place of Business	Mailing Address
1713 FLAGLER MANOR CIRCLE	1713 FLAGLER MANOR CIRCLE
WEST PALM BEACH FL 33441	WEST PALM BEACH FL 33441

2. Principal Place of Business

630 SOUTH SAPODILLA AVE

Suite, Apt. #, etc.

APT # 214

City & State

WEST PALM BEACH FLA

Zip 33401   Country USA

3. Mailing Address

P.O. BOX 22001

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FLA

Zip 33416   Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number — Applied For / ☒ Not Applicable

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**
CIKLIN, ALAN J	Name
515 NORTH FLAGLER DRIVE, SUITE 1700	Street Address (P.O. Box Number is Not Acceptable)
WEST PALM BEACH FL 33401	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.

SIGNATURE _____

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	
TITLE D NAME NOBLE, LEO E STREET ADDRESS 515 NORTH FLAGLER DRIVE SUITE 1700 CITY-ST-ZIP WEST PALM BEACH FL 33401	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/01)

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: LEO E. NOBLE   4.18.02   561.346.0139

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #