

2002 UNIFORM BUSINESS REPORT (UBR)

0394356 AV

192

DOCUMENT # P01000099145

1. Entity Name
NOBLE THEATERS, INC.

FILED

02 APR - 30 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

5821 LAKE WORTH RD.
GREENACRES FL 33463

Mailing Address

5821 LAKE WORTH RD.
GREENACRES FL 33463

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1148431

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

CORPDIRECT AGENTS

103 N. MERIDIAN ST., LOWER LEVEL
TALLAHASSEE FL 32301

Name

PETER S. SIDEL

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

5821 C LAKE WORTH ROAD

City

GREENACRES

FL

Zip Code

33463

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

PETER S. SIDEL

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

(NOTE: Registered Agent signature required when reinstating)

4/29/02

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 P, D
NAME HART, JOEL B
STREET ADDRESS 5821 LAKE WORTH ROAD
CITY-ST-ZIP GREENACRES, FL 33463 ☐ Delete

TITLE DIRECTOR
NAME PAUL FORBENGER
STREET ADDRESS 5821 Lake Worth Rd
CITY-ST-ZIP Greenacres, FL 33463 ☐ Change ☒ Addition

TITLE S, T, D
NAME HART, NANCY C
STREET ADDRESS 5821 LAKE WORTH
CITY-ST-ZIP ☐ 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP 700005395337-1 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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

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:

PAUL FORBENGER DIR 4/29/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

282

ACCOUNT FILING COVER SHEET
WALK IN

ACCOUNT #: FCA000000014

CORPDIRECT AGENTS
103 N. MERIDIAN STREET
TALLAHASSEE, FL 32301
850-222-1173

CONTACT:

Pam

DATE:

4-30-02

REF #:

0427.6383

CORP. NAME:

Noble Theaters Inc

02 APR 30 PM 3:06
DIVISION OF REGISTRATION

PLEASE FILE THE ATTACHED ANNUAL REPORT AND ISSUE A:

() CERTIFIED COPY () PLAIN COPY (X) GOOD STANDING

PLEASE DEBIT OUR ACCOUNT IN THE AMOUNT OF \$ 158⁷⁵

AUTHORIZATION:

Office