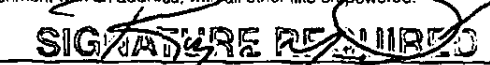


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2003 8:00 am
Secretary of State

05-06-2003 90040 031 ***150.00

DOCUMENT # P02000008294					
1. Entity Name NOBLE ELECTRIC SERVICES, INC.					
Principal Place of Business 6120-8 POWERS AVE. JACKSONVILLE FL 32217			Mailing Address 6120-8 POWERS AVE. JACKSONVILLE FL 32217		
2. Principal Place of Business 6034 Chester Ave Suite, Apt. #, etc. # 107C City & State JACKSONVILLE FL. Zip 32217 Country Dominican		3. Mailing Address 6120-10 Powers Ave Suite, Apt. #, etc. # 222 City & State JACKSONVILLE FL. Zip 32217 Country USA		 ☐ CHECK HERE IF MAKING CHANGES	
4. FEI Number 03-0380001				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent MAIDENN, ROY CONLEY JR. 6120-8 POWERS AVE. JACKSONVILLE FL 32217			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  (NOTE: Registered Agent signature required when reinstating) 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete MAIDEN, ROY CONLEY JR. 924 CEDAR STREET JACKSONVILLE FL 32207		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ☐ 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	
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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	
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: 			SIGNATURE REQUIRED Date 29 April 2003 Daytime Phone # 904 733-2693		

CR2E034 (10/02)