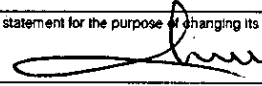
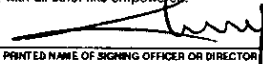


FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90125 022 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

10035379

DOCUMENT # P02000031965			
1. Entity Name NOBLE CONTRACTING CORP.			
Principal Place of Business 50 SOUTH YONGE ST., STE. 5 ORMOND BEACH, FL 32174-6289		Mailing Address 50 SOUTH YONGE ST., STE. 5 ORMOND BEACH, FL 32174-6289	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. 111 Timberline Trail		Suite, Apt. #, etc. P. O. Box. 731507	
City & State Ormond-Beach-FL		City & State Ormond-Beach FL	
Zip 32174	Country Volusia	Zip 32173-1507	
Country Volusia			
4. FEI Number 02-0567204 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	
OLAYISADE, ADEBAYO 50 SOUTH YONGE ST., STE. 5 ORMOND BEACH, FL 32174-6289		Name Adebayo Olayisade Street Address (P.O. Box Number is Not Acceptable) 111 Timberline Trail City Ormond Beach FL Zip Code 32174	
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 		DATE 3/4/03	
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 ☐ \$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	☐ 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	☐ Change ☐ Addition
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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 empowers.			
SIGNATURE: 		DATE 3/4/03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 386-252-5829	