

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2003 8:00 am
Secretary of State

09-08-2003 90316 047 ***550.00

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DOCUMENT # P02000035912

1. Entity Name
NOISY CONCH ENTERPRISES, INC.



Principal Place of Business
**1831 FOLKSTONE ROAD
TALLAHASSEE FL 32312**

Mailing Address
**1831 FOLKSTONE ROAD
TALLAHASSEE FL 32312**



2. Principal Place of Business
4549 Woodville Hwy
Suite, Apt. #, etc.

3. Mailing Address
1831 Folkstone Road
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Tallahassee FL
Zip
32311
Country
Leon

City & State
Tallahassee, FL
Zip
32312
Country
Leon

4. FEI Number
46-0497867
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
SVENDSEN, JAY
~~**3006 KILLEARN POINTE CT.**~~ **1831 Folkstone Road**
TALLAHASSEE FL 32312

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 *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE **8/10/03**

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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
TITLE **Operations Manager** ☐ Delete
NAME **SVENDSEN, JAY**
STREET ADDRESS **3006 KILLEARN POINTE CT. 1831 Folkstone Road**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE **President** ☐ Change ☒ Addition
NAME **Jennifer Cronin**
STREET ADDRESS **1831 Folkstone Road**
CITY-ST-ZIP **Tallahassee, FL 32312**

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]* **8/10/03** **(850) 591-5737**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)