

**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.*

3. Mailing Address  
*1831 Folkstone Road*

Suite, Apt. #, etc.

City & State  
*Tallahassee FL*

City & State  
*Tallahassee, FL*

Zip  
*32311*

Country  
*Leon*

Zip  
*32312*

Country  
*Leon*

4. FEI Number  
*46-0497867*

Applied For  
 Not Applicable

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



CHECK HERE IF MAKING CHANGES

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 <i>Operations Manager</i>	<input type="checkbox"/> Delete
NAME <b>SVENDSEN, JAY</b>	
STREET ADDRESS <i>3006 KILLEARN POINTE CT. 1831 Folkstone Road</i>	
CITY-ST-ZIP <b>TALLAHASSEE FL 32312</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE <i>President</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <i>Jennifer Cronin</i>	
STREET ADDRESS <i>1831 Folkstone Road</i>	
CITY-ST-ZIP <i>Tallahassee, FL 32312</i>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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]* **SIGNATURE REQUIRED** *8/10/03* *(850) 591-5737*

DATE DAYTIME PHONE #

CR2E034 (4/03)