

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

**FILED**  
**Feb 20, 2004 8:00 am**  
**Secretary of State**

02-20-2004 90007 018 \*\*\*150.00

DOCUMENT # P02000061942

1. Entity Name

The Noon Group, Inc.



**DO NOT WRITE IN THIS SPACE**

24013261

2. Principal Place of Business

944 Orca Circle

3. Mailing Address

944 Orca Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Augustine, FL

City & State

St. Augustine, FL

4. FEI Number

32-0019568

Applied For

Not Applicable

Zip  
32086

Country  
St. Johns

Zip  
32086

Country  
St. Johns

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Thornton, George

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

944 Orca Circle

City

St. Augustine

FL

Zip Code  
32086

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	NAME	STREET ADDRESS	CITY-ST-ZIP
President-Director	Thornton, George	944 Orca Circle	St. Augustine, FL 32086
Vice-President-Director	Brown, Woodrow L, Jr.	250 Fiddlers Point Drive	St. Augustine, FL 32080
Secretary-Treasurer-Director	Frei, Terry D.	323 Marshside Drive North	St. Augustine, FL 32080

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *George Thornton* GEORGE THORNTON

2-15-04

904 540 6845

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)