2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Feb 13, 2001 8:00 am DOCUMENT # **P20966 Secretary of State** 1. Entity Name NOBLE BUILDERS, INC. 02-13-2001 90599 031 ***150.00 Principal Place of Business Mailing Address 10610 METRIC. SUITE 190 10610 METRIC, SUITE 190 HUUGGIIO DALLAS TX 75243 DALLAS TX 75243 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 75-1414105 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SULLIVAN, MICHAEL J ESQ. Street Address (P.O. Box Number is Not Acceptable) 111 NORTH ORANGE AVENUE **SUITE 2050** ORLANDO FL 32801 City Zip Code FL 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PTD CR2E034 (10/00) ☐ Addition TITLE ☐ Delete TITLE ☐ Change NOBLE, R. EDWARD NAME NAME STREET ADDRESS STREET ADDRESS 10610 METRIC, #190 CITY-ST-ZIP CITY-ST-ZIP DALLAS TX TITLE ☐ Delete TITLE ☐ Change Addition NOBLE, KIM D NAME NAME STREET ADDRESS 10610 METRIC, #190 STREET ADDRESS CITY-ST-ZIP -CITY-ST-ZIP DALLAS TX ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ~ CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.