2002 Uniform Business Report (UBR)

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SIGNATURE:

Mar 31, 2002 8:00 am Secretary of State **DOCUMENT #** P20966 1. Entity Name 03-31-2002 90052 022 ***150 00 NOBLE BUILDERS, INC. Principal Place of Business Mailing Address 10610 METRIC. SUITE 190 10610 METRIC, SUITE 190 DALLAS TX 75243 DALLAS TX 75243 Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 75-1414105 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name 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 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) DATE 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PTO ☐ Delete TITLE (9/01) Change ☐ Addition NAME NOBLE, R. EDWARD NAME STREET ADDRESS 10610 METRIC, #190 STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP DALLAS TX TITLE ☐ Delete ☐ Change ☐ Addition NAME NOBLE, KIM D NAME STREET ADDRESS STREET ADDRESS 10610 METRIC, #190 CITY-ST-ZIP CITY-ST-ZIP DALLAS TX TITLE ☐ Delete TITLE Change ☐ Addition 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 ☐ Delete TITLE Change ☐ Addition 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