

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000053466

1. Entity Name

STEVE NOYES ENTERPRISES, INC.

**FILED**  
**Jan 14, 2000 8:00 am**  
**Secretary of State**

01-14-2000 90027 047 \*\*\*150.00

Principal Place of Business

Mailing Address

2401 UNIVERSITY BLVD S  
JACKSONVILLE FL 32216  
US

2401 UNIVERSITY BLVD S  
JACKSONVILLE FL 32216-2546  
US

B0001804



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3194627

Applied For

Not Applied For

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NOYES, STEVEN  
2401 UNIVERSITY BLVD S.  
JAX FL 32216

Name Noyes, Steven

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.

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 Tax filing requirement and elects to do so. ☐  
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D P, S ☐ Delete  
NAME NOYES, STEVEN A  
STREET ADDRESS 13648 MT. PLEASANT RD.  
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ Change ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D VP ☐ Delete  
NAME JORDAN-NOYES, CYNTHIA A  
STREET ADDRESS 13648 MT. PLEASANT RD.  
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ Change ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME ~~JORDAN, ALFRED E~~  
STREET ADDRESS ~~2226 IVY GAIL DRIVE WEST~~  
CITY-ST-ZIP ~~JACKSONVILLE FL 32225~~

TITLE ☐ Change ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jan. 7, 2000 (904) 545-607