

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2002 8:00 am**  
**Secretary of State**

04-26-2002 90022 014 \*\*\*150.00

**DOCUMENT # P93000053466**

1. Entity Name  
**STEVE NOYES ENTERPRISES, INC.**

Principal Place of Business  
**2401 UNIVERSITY BLVD S  
JACKSONVILLE FL 32216  
US**

Mailing Address  
**2401 UNIVERSITY BLVD S  
JACKSONVILLE FL 32216  
US**

2. Principal Place of Business  
**6273 Whispering Oaks Dr. N.**

3. Mailing Address  
**P.O. Box 357318**

City & State  
**Jax. FL**  
Zip  
**32277**  
Country  
**Drval**

City & State  
**Jax. FL**  
Zip  
**32235-1318**  
Country  
**Drval**



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3194627**  
Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**NOYES, STEVEN  
2401 UNIVERSITY BLVD S.  
JAX FL 32216**

**7. Name and Address of New Registered Agent**

Name  
**Cynthia A. Noyes**  
Street Address (P.O. Box Number is Not Acceptable)  
**6273 Whispering Oaks Dr. N.**  
City  
**Jax.** FL Zip Code  
**32277**

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 **Cynthia A. Noyes**

DATE **4/9/02**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPS NOYES, STEVEN A 13648 MT. PLEASANT RD. JACKSONVILLE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD JORDAN-NOYES, CYNTHIA A 13648 MT. PLEASANT RD. JACKSONVILLE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/01)