

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000051479

1. Entity Name

NOESIS INTERNATIONAL, INC.

Principal Place of Business

4930 SOUTHFORK DR
LAKELAND FL 33813

Mailing Address

4930 SOUTHFORK DR
LAKELAND FL 33813

2. Principal Place of Business

11510 W. Clubview Dr.

Suite, Apt. #, etc.

3. Mailing Address

11510 W. Clubview Dr.

Suite, Apt. #, etc.

City & State

Homosassa, FL

Zip

34448

Country

City & State

Homosassa, FL

Zip

34448

Country

4. FEI Number

59-3251783

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARTIN, THEODORE A
4930 SOUTHFORK DR
LAKELAND FL 33813

7. Name and Address of New Registered Agent

Name

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

11510 W. Clubview Dr.

City

Homosassa

FL

Zip Code

34448

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, 2001 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
D
MARTIN, THEODORE A
5519 SOUTHGROVE COURT
LAKELAND FL 33813

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D.
Martin, Theodore A.
11510 W. Clubview Dr.
Homosassa, FL 34448

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Change ☐ 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

THEODORE A. MARTIN

Date

6/29/01

Daytime Phone #

352 621 6906

CR2E034 (10/00)

0379142

FILED
Jul 10, 2001 8:00 am
Secretary of State

07-10-2001 90108 043 ***550.00



DO NOT WRITE IN THIS SPACE