

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90036 050 ***150.00

DOCUMENT # **P94000053926**

1. Entity Name

H. M. NOEL, INC.
P.O. Box 273787
TAMPA, FL 33688-3787

Principal Place of Business

Mailing Address **H. M. NOEL INC**

2. Principal Place of Business

7727 L O L BLVD

3. Mailing Address

P.O. Box 273787

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

L O L, FL

City & State

TAMPA, FL

Zip

Country

PASCO

Zip

33688

Country

HILL

4. FEI Number

59-3255588

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HENRY J NOEL
9112 PEARLE CK DR
TAMPA, FL 33647

7. Name and Address of New Registered Agent

Name _____
 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

TITLE **HENRY J NOEL** ☐ Delete
 NAME **PRESIDENT**
 STREET ADDRESS **9112 PEARLE CK DR TAMPA, FL**
 CITY-ST-ZIP **33647**

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

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

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

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 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE _____ ☐ Change ☐ Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ ☐ Change ☐ Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ ☐ Change ☐ Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ ☐ Change ☐ Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ ☐ Change ☐ Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ ☐ Change ☐ Addition
 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

HENRY J NOEL

Date

Daytime Phone #

CR2E034 (9/99)