

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000067661

1. Entity Name

NOONAN CONSTRUCTION, INC.

**FILED**  
**Mar 16, 2000 8:00 am**  
**Secretary of State**

03-16-2000 90076 010 \*\*\*150.00

Principal Place of Business

1170 N W 8TH CT  
BOYNTON BEACH FL 33426  
US

Mailing Address

P.O. BOX 15861  
WEST PALM BCH FL 33416-5861  
US

2. Principal Place of Business

7844 154<sup>th</sup> COURT N.

3. Mailing Address

Suite, Apt. #, etc.

City & State

PALM BEACH GARDENS

City & State

Zip

33418

Country

USA

Country

4. FEI Number

65-0520165

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

NOONAN, JAMES M  
1170 NW 8TH COURT  
BOYNTON BEACH FL 33426

7. Name and Address of New Registered Agent

Name

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

7844 154<sup>th</sup> COURT NORTH

City

PALM BEACH GARDENS

FL

Zip Code

33418

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

P V T S

1/25/00

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 P  
NAME NOONAN, JAMES M  
STREET ADDRESS 1170 N W 8TH CT  
CITY-ST-ZIP BOYNTON BCH FL 33426

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

PTS  
NAME JAMES M. NOONAN  
STREET ADDRESS 7844 154<sup>th</sup> COURT N.  
CITY-ST-ZIP PALM BEACH GARDENS - FL - 33418

V  
NAME LAURA G. NOONAN  
STREET ADDRESS 7844 154<sup>th</sup> COURT NORTH  
CITY-ST-ZIP PALM BEACH GARDENS, FL, 33418

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/00

Date

Daytime Phone #

CR2E034 (9/99)