

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000053164

1. Entity Name

CASA NOBLE, INC.

**FILED**  
Feb 07, 2000 8:00 am  
Secretary of State

02-07-2000 90015 011 \*\*\*158.75

Principal Place of Business

Mailing Address

901 SWEETWATER BLVD S.  
LONGWOOD FL 32779

901 SWEETWATER BLVD S.  
LONGWOOD FL 32779-3430

2. Principal Place of Business

3. Mailing Address

10976 PARK RIDGE-  
GOTHA ROAD

10976 PARK RIDGE-  
GOTHA ROAD

City & State  
WINDERMERE FL

City & State  
WINDERMERE FL

Zip  
34786

Country  
USA

Zip  
34786

Country  
USA

4. FEI Number  
59-3324048

Applied For  
Not Applicable

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

HETESY, TAMAS  
901 SWEETWATER BLVD. S  
LONGWOOD FL 32779

Name  
HETESY, TAMAS  
Street Address (P.O. Box Number is Not Acceptable)  
10976 PARK RIDGE GOTHA RD  
City  
WINDERMERE FL Zip Code  
34786

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 fee 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)

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**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PS  
TAMAS, HETESY  
901 SWEETWATER BLVD S.  
LONGWOOD FL 32779

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PS  
TAMAS HETESY  
10976 PARK RIDGE GOTHA RD.  
WINDERMERE FL 34786

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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STREET ADDRESS  
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☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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

2/02/2000

Date

Daytime Phone #

407 909 9314  
407 973 0888