

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90055 043 ***158.75

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1. Entity Name
CASA NOBLE, INC.



Principal Place of Business
**10975 PARK RIDGE
GOTHA ROAD
WINDERMERE FL 34786
US**

Mailing Address
**10975 PARK RIDGE
GOTHA ROAD
WINDERMERE FL 34786
US**

2. Principal Place of Business

12236 MCKINNON RD

3. Mailing Address

12236 MCKINNON RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
WINDERMERE, FL

City & State
WINDERMERE FL

4. FEI Number **59-3324048**

Applied For
Not Applicable

Zip
34786

Country
USA

Zip
34786

Country
USA

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

6. Name and Address of Current Registered Agent

**HETESY, TAMAS
10976 PARK RIDGE GOTHA ROAD
WINDERMERE FL 34786**

7. Name and Address of New Registered Agent

Name **HETESY, TAMAS**
Street Address (P.O. Box Number is Not Acceptable)
12236 MCKINNON RD
WINDERMERE
City **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Tamas Hetesy*
Signature, typed or printed name of registered agent and title if applicable

TAMAS HETESY (PRES) 3/11/03

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PS**
NAME **TAMAS, HETESY** ☐ Delete
STREET ADDRESS **10976 PARK RIDGE GOTHA RD**
CITY-ST-ZIP **WINDERMERE FL 34786**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PS**
NAME **HETESY TAMAS** ☒ Change ☐ Addition
STREET ADDRESS **12236 MCKINNON RD**
CITY-ST-ZIP **WINDERMERE FL 34786**

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

Tamas Hetesy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)