

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

DOCUMENT # P95000053328 ✓

1. Entity Name

Nobel Business Consultants, INC.

04-23-2002 90469 001 \*\*\*150.00

04-23-2002 90469 002 \*\*\*\*\*8.75

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2110 LONGLEAF CIRCLE

Suite, Apt. #, etc.

3. Mailing Address

2110 LONGLEAF CIRCLE

Suite, Apt. #, etc.

City & State

LAKELAND, FL

City & State

LAKELAND, FL

4. FEI Number

59-3324139

Applied For

Not Applicable

Zip

Country

33810-8247

USA

Zip

Country

33810-8247

USA

5. Certificate of Status Desired

☒ **\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

DONALD L. PIERINI - PRESIDENT

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

2110 LONGLEAF CIRCLE

City

LAKELAND

FL

Zip Code

33810

**DO NOT WRITE  
IN THIS SPACE**

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

Donald L. Pierini, President

04-11-02

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)

☒

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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 PRESIDENT  
NAME DONALD L. PIERINI  
STREET ADDRESS 2110 LONGLEAF CIRCLE  
CITY-ST-ZIP LAKELAND, FL 33810-8247

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-11-02 863-858-4440

Date

Daytime Phone #

CR2E034B (12/01)