

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90542 030 \*\*\*150.00

**DOCUMENT # P96000022475**

**1. Entity Name**  
**NOBLE DESIGNS, INC.**



**Principal Place of Business**      **Mailing Address**  
1611-18TH AVE. DR. E PO Box 221      1611-18TH AVE. DR. E PO Box 221  
PALMETTO FL 34221-6503      PALMETTO FL 34221-6503

**20018819**



**2. Principal Place of Business**      **3. Mailing Address**  
Suite, Apt. #, etc.      PO Box 221  
City & State      Suite, Apt. #, etc.  
City & State      Palmetto, FL  
Zip      Country      Zip      Country  
34221      USA

☐ CHECK HERE IF MAKING CHANGES

**4. FEI Number**      **65-0671202**      **Applied For**  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**HUTCHESON, JUNE C**  
**1611-18TH AVENUE DRIVE EAST**  
**PALMETTO FL 34221**

**7. Name and Address of New Registered Agent**

**Name**      Hutcheson, June C.  
**Street Address (P.O. Box Number is Not Acceptable)**  
901 31st Ave. W.  
**City**      Palmetto,      **FL**      **Zip Code**  
34221-3468

**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**      June C. Hutcheson, President  
Signature, typed or printed name of registered agent and title if applicable.      (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**      ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

| TITLE | NAME              | STREET ADDRESS       | CITY-ST-ZIP            | <input type="checkbox"/> Delete |
|-------|-------------------|----------------------|------------------------|---------------------------------|
| DPT   | HUTCHESON, JUNE C | 1611-18TH AVE. DR. E | PALMETTO FL 34221-6503 | <input type="checkbox"/>        |
| DVS   | TOBIAS, STEWART W | 1611-18TH AVE. DR. E | PALMETTO FL 34221-6503 | <input type="checkbox"/>        |
|       |                   |                      |                        | <input type="checkbox"/>        |
|       |                   |                      |                        | <input type="checkbox"/>        |
|       |                   |                      |                        | <input type="checkbox"/>        |
|       |                   |                      |                        | <input type="checkbox"/>        |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

| TITLE     | NAME               | STREET ADDRESS   | CITY-ST-ZIP             | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-----------|--------------------|------------------|-------------------------|---------------------------------|-----------------------------------|
| President | Hutcheson, June C. | 901 31st Ave. W. | Palmetto, FL 34221-3468 | <input type="checkbox"/>        | <input type="checkbox"/>          |
| V-Pres.   | Tobias, Stewart W. | 282 Nassau Dr.   | Palmetto, FL 34221      | <input type="checkbox"/>        | <input type="checkbox"/>          |
|           |                    |                  |                         | <input type="checkbox"/>        | <input type="checkbox"/>          |
|           |                    |                  |                         | <input type="checkbox"/>        | <input type="checkbox"/>          |
|           |                    |                  |                         | <input type="checkbox"/>        | <input type="checkbox"/>          |

**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 all other like empowered.**

**SIGNATURE:**      June C. Hutcheson, President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/03      941-723-1994  
Date      Daytime Phone #

CR2E034 (10/02)