

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

03-12-2002 90971 019 ***150.00

DOCUMENT # P96000049369

1. Entity Name
NOONAN INSURANCE SERVICES INC.

Principal Place of Business
873 WINDERMERE WAY
PALM BEACH GARDENS FL 33418

Mailing Address
873 WINDERMERE WAY
PALM BEACH GARDENS FL 33418

2. Principal Place of Business
SAME AS ABOVE

3. Mailing Address
SAME AS ABOVE

Suite, Apt. #, etc. - Suite, Apt. #, etc. -

City & State - City & State -

Zip - Country - Zip - Country -



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0671458** **Applied For**
Not Applicable

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

6. Name and Address of Current Registered Agent

NOONAN, PETER J
725 NORTH A1A SUITE A-106
JUPITER FL 33477

7. Name and Address of New Registered Agent

Name **NA**

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

City **-** **FL** **Zip Code**

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 **NA**

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 criterion on back) ☒

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ **Delete**
NAME **NOONAN, MARGE M**
STREET ADDRESS **873 WINDERMERE WAY**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE **D** ☐ **Delete**
NAME **NOONAN, PETER J**
STREET ADDRESS **873 WINDERMERE WAY**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ **Change** ☐ **Addition**
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TITLE ☐ **Change** ☐ **Addition**
NAME
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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:

PETER J. NOONAN
PETER J. NOONAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/01/2002
Date

561 799 6683
Daytime Phone #

CR2E034 (9/01)