## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Feb 05, 2000 8:00 am Secretary of State DOCUMENT # P96000064988 NOBLES CABINET AND TILE COMPANY, INC. 02-05-2000 90044 012 \*\*\*158.75 Mailing Address Principal Place of Business 779 US 41 BYPASS SOUTH 779 US 41 BYPASS SOUTH VENICE FL 34292 VENICE FL 34292-3330 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0690783 Not ≙andii Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NOBLES, ROBERT L Street Address (P.O. Box Number is Not Acceptable) 5868 LINCOLN RD VENICE FL 34293 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Delete TITLE TITLE **NOBLES, NANCY** NAME NAME 5868 LINCOLN RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VENICE FL 34293 ☐ Change ☐ Delete TITLE TITLE NOBLES, ELAINE NAME NAME 5868 LINCOLN RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VENICE FL 34293 TITLE -President Delete ~ Change TITLE Nobles, Robert L. NAME NAME 5868 Lincoln Rd. STREET ADDRESS STREET ADDRESS Venice, FL34293 CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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. President 1/28/00 941-484-3395