

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 04, 2003 8:00 am
Secretary of State

09-04-2003 90072 006 ***550.00

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DOCUMENT # P96000064988

1. Entity Name

NOBLES CABINET AND TILE COMPANY, INC.



Principal Place of Business

**779 US 41 BYPASS SOUTH
VENICE FL 34292**

Mailing Address

**779 US 41 BYPASS SOUTH
VENICE FL 34292**

2. Principal Place of Business

3. Mailing Address

779 US 41 Bypass South

779 US 41 Bypass South

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Venice FL

City & State

Venice FL

Zip

34285

Country

Zip

34285

Country

4. FEI Number

65-0690783

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**NOBLES, ROBERT L
5876 LINCOLN RD
VENICE FL 34293**

7. Name and Address of New Registered Agent

Name

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Robert L. Nobles
Signature, typed or printed name of registered agent and title if applicable.

Robert L. Nobles

(NOTE: Registered Agent signature required when reinstating)

Sept 2, 2003

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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 **V** ☐ Delete
NAME **NOBLES, NANCY**
STREET ADDRESS **5876 LINCOLN RD**
CITY-ST-ZIP **VENICE FL 34293**

TITLE **S** ☐ Delete
NAME **NOBLES, ELAINE**
STREET ADDRESS **703 FLORENCE ST**
CITY-ST-ZIP **NOKOMIS FL 34275**

TITLE **P** ☐ Delete
NAME **NOBLES, ROBERT L**
STREET ADDRESS **5876 LINCOLN RD**
CITY-ST-ZIP **VENICE FL 34293**

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

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

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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)(l), 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:

Robert L. Nobles
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert L. Nobles Pres.

Sept 2, 2003

941-484-3393

Date

Daytime Phone #

CR2E034 (4/03)