

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000074894

1. Entity Name

M.H. NOEL & ASSOCIATES, INC.

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90001 042 ***150.00

Principal Place of Business

Mailing Address

710 3RD STREET NORTH
JACKSONVILLE BEACH FL 32250

710 3RD STREET NORTH
JACKSONVILLE BEACH FL 32266-5066

A0000509



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1112 3rd Street

1112 3rd Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 5

Suite 5

City & State

City & State

Neptune Beach FL

Neptune Beach FL

Zip

Country

Zip

Country

32266

DUVAL

32266

DUVAL

4. FEI Number 74-2801918

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NOEL, MARGARET H
381 MAIN ST
ATLANTIC BEACH FL 32233

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.

SIGNATURE

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT
NAME NOEL, MARGARET H
STREET ADDRESS 381 MAIN ST
CITY-ST-ZIP ATLANTIC BEACH FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐

TITLE VP
NAME HUNLEY, WILLIAM H
STREET ADDRESS 449 ARGYLE DR
CITY-ST-ZIP ALEXANDRIA VA

☐ Delete

TITLE
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☐ Change ☐

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

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/3/2000

904-247-9286