

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90060 015 ***150.00

DOCUMENT # P96000074894	
1. Entity Name	
M. H. NOEL & ASSOCIATES, INC	

DO NOT WRITE IN THIS SPACE

40040486

2. Principal Place of Business 1875 MEALY ST S Suite, Apt. #, etc. 100		3. Mailing Address Suite, Apt. #, etc.	
City & State ATLANTIC BEACH, FL		City & State	
Zip 32233-1961	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 74-2801918	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name NOEL, MARGARET H.	
Street Address (P.O. Box Number is Not Acceptable) 381 MAIN ST	
City ATLANTIC BEACH	FL Zip Code 32233

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: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT NOEL, MARGARET H. 381 MAIN ST ATLANTIC BEACH, FL 32233
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11.

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

SIGNATURE: MARGARET H. NOEL 904 246-8148
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #