

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

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90196 012 ***150.00

DOCUMENT #	P9600074894
1. Entity Name	
M H NOEL & ASSOCIATES INC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
710 N 3RD ST STE 4			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
JACKSONVILLE BEACH, FL			
Zip	Country	Zip	Country
32250			

60036326

DO NOT WRITE IN THIS SPACE

4. FEI Number		Applied For	
74-2801918		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 STREET	
City	Zip Code
ATLANTIC BEACH	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				11.	
TITLE	NAME	TITLE	NAME	TITLE	NAME
	NOEL, MARGARET H.				
STREET ADDRESS	381 MAIN STREET	STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233	CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	NAME	TITLE	NAME	TITLE	NAME
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CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	

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IN THIS SPACE**

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

4/14/08
Date

904 246-8148
Daytime Phone #