

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0014604 AV

DOCUMENT # P97000009658

1. Entity Name
7904 NOBT CORPORATION



FILED

04 JAN 26 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
7806 N. ORANGE BLOSSOM TRAIL
ORLANDO FL 32808

Mailing Address
7806 N. ORANGE BLOSSOM TRAIL
ORLANDO FL 32808



2. Principal Place of Business

3. Mailing Address

7904 N Orange Blossom Tr.
Suite, Apt. #, etc.

7904 N ORANGE BLOSSOM TRAIL
Suite, Apt. #, etc.

REINSTATEMENT

03-04

City & State

ORLANDO FL

City & State

ORLANDO FL

4. FEI Number

59-3419993

Applied For

Not Applicable

Zip

32810

Country

Zip

32810

Country

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

GARCIA, JOSEPH JR.
7806 N. ORANGE BLOSSOM TRAIL
ORLANDO FL 32808

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

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.

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\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME GARCIA, JOSEPH JR.
STREET ADDRESS 7806 N. ORANGE BLOSSOM TRAIL
CITY-ST-ZIP ORLANDO FL 32808

TITLE
NAME President
GARCIA, Josep H
STREET ADDRESS 7904 N Orange Blossom Trail
CITY-ST-ZIP ORLANDO FL 32810

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME Director
GARCIA Christina
STREET ADDRESS 7904 N ORANGE BLOSSOM TRAIL
CITY-ST-ZIP ORLANDO FL 32810

TITLE
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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)(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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)