FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000022218

JAMES P. NOBLE, LMHC, INC.

FILED
04 OCT 20 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 04

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
10073 130th Lane North	10073 130th Lane North
Suite, Apt. #, etc.	Suite, Apt #, etc.
City & State: Seminole, FL	City & State: Seminole, FL
Zip: 33776 / Country: USA	Zip: 33776 / Country: USA

4. FEI Number: 59-3504278 — Applied For / Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: RON H. NOBLE
Street Address (P.O. Box Number is Not Acceptable): 501 E. Kennedy Blvd.
Suite 1700
City: Tampa FL Zip Code: 33602

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) ☐

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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NOBLE, JAMES P. 10073 130th Lane North Seminole, FL 33776	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	000042017780 10/20/04--01049--013 **158.75
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CR2E034B (12/01)

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

SIGNATURE: James P. Noble James P. Noble 10/12/04 (727) 596-7045
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

James P. Noble, LMHC, Inc.

Christian Counselor
Licensed Mental Health Counselor (FL-MH3940)
Certified Fellow In Managed Care

10073 130th Lane N.
Seminole, FL 33776
(727) 596-7045 e-mail: noblejlmhc@aol.com

October 12, 2004

Florida Department of Corporations
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

Re James P. Noble, LMHC, Inc.

To Whom it May Concern:

Enclosed please find a check payable to the Department of State for $158.75 and Form 2004 Uniform Business Report for the above referenced corporation.

Please be advised that the above referenced corporation never received the original annual report and accordingly, should not be subject to the late fee. This statement should be sufficient to allow you to waive this late fee.

If you have any questions, please call me directly at (727) 596-7045.

Very Truly Yours,

James P. Noble