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CORPORATE ACCESS

PAGE 02/02

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

04 OCT 20 PM 2: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000022218

JAMES P. NOBLE, LMHC, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
10073 130th Lane North
Suite, Apt. #, etc.3. Mailing Address
10073 130th Lane North
Suite, Apt. #, etc.

STATEMENT 04

DO NOT WRITE IN THIS SPACE

City & State
Seminole, FL
Zip
33776Country
USACity & State
Seminole, FL
Zip
33776Country
USA4. FEI Number
59-3504278Added For
Not Applicable5. Certificate of Status Desired ☒ \$8.75 Additional
Fee RequiredDO NOT WRITE
IN THIS SPACE7. Name and Address of Current Registered Agent
Name
RON H. NOBLEStreet Address (P.O. Box Number is Not Accepted)
501 E. Kennedy Blvd.

Suite 1700

City
Tampa

FL

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 or director of applicant.

Signature of Agent (signature required unless authorized).

NAME

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 \$100.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
NOBLE, JAMES P.
10073 130th Lane North
Seminole, FL 33776TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP000042017780
10/20/04--01049--013--**158.75TITLE
NAME
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CITY-ST-ZIPTITLE
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STREET ADDRESS
CITY-ST-ZIPDO NOT WRITE
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(2)(b), Florida Statutes. I further certify that the information included 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 an entry like the following:

SIGNATURE:

James P. Noble James P. Noble 10/12/04 (727) 596-7045

City and Phone

CRZ03B (12/01)

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.

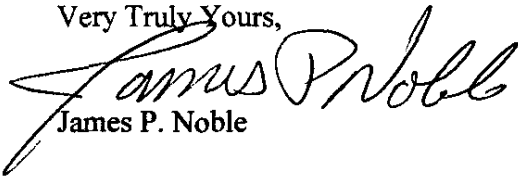
To Whom it May Concern:

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