

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 28, 2001 08:00 AM**
Secretary of State**DOCUMENT # P98000055323**1. Entity Name
NOBLE INDUSTRIES, INC.

Principal Place of Business

2423 STONEBRIDGE DRIVE

ORANGE PARK

32065

FL

US

Mailing Address

2423 STONEBRIDGE DRIVE

ORANGE PARK

32065

FL

US

2. Principal Place of Business

359 CEDAR RUN DRIVE

3. Mailing Address

359 CEDAR RUN DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ORANGE PARK

FL

City & State

ORANGE PARK

FL

Zip
32003Country
USZip
32003Country
US

4. FEI Number

34-1774274

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

ANDREONE SUSAN N
2423 STONEBRIDGE DRIVE

ORANGE PARK

32065

FL

US

7. Name and Address of New Registered Agent

Name

ANDREONE SUSAN N

Street Address (P.O. Box Number is Not Acceptable)

359 CEDAR RUN DRIVE

City

ORANGE PARK

FL

Zip Code
32003

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 _____ **03/28/2001**

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) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****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	EV	<input type="checkbox"/> Delete
NAME	ANDREONE DAVID A	
STREET ADDRESS	2423 STONEBRIDGE DRIVE	
CITY-ST-ZIP	ORANGE PARK FL 32065	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	ANDREONE SUSAN	
STREET ADDRESS	2423 STONEBRIDGE DRIVE	
CITY-ST-ZIP	ORANGE PARK FL 32065	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	EV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREONE DAVID A	
STREET ADDRESS	359 CEDAR RUN DRIVE	
CITY-ST-ZIP	ORANGE PARK FL 32003	
TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREONE SUSAN	
STREET ADDRESS	359 CEDAR RUN DRIVE	
CITY-ST-ZIP	ORANGE PARK FL 32003	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Susan Andreone

Pres

03/28/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)