

# 2000 UNIFORM BUSINESS REPORT (UBR)

2/2

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

02-28-2000 90015 046 \*\*\*150.00

**DOCUMENT # P99000010752**

1. Entity Name  
**NOFAL, INC.**

Principal Place of Business

**12 SHAWNEE TRAIL  
ORMOND BCH FL 32174**

Mailing Address

**12 SHAWNEE TRAIL  
ORMOND BCH FL 32174-4318**

2. Principal Place of Business

**20 AVERMIOA MONTERO**

Suite, Apt. #, etc.

3. Mailing Address

**12 SHAWNEE TRAIL**

Suite, Apt. #, etc.

City & State

**ST. AUGUSTINE FL**

City & State

**ORMOND BCH FLA**

Zip

**32084**

Country

**ST. JOHNS**

Zip

**32174**

Country

**FLORIDA**

4. FEI Number

**59-3552569**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**NOFAL, ROBERT C  
12 SHAWNEE TRAIL  
ORMOND BCH FL 32174**

7. Name and Address of New Registered Agent

Name **ROBERT NOFAL**

Street Address (P.O. Box Number is Not Acceptable)  
**12 SHAWNEE TRAIL**

City **ORMOND BCH**

**FL**

Zip Code **32174**

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

**1-28-00**

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT ROBERT NOFAL 12 SHAWNEE TRAIL ORMOND BCH FL 32174</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-28-00**

**904-810-1919**

CR2E034 (9/99)