

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90153 018 \*\*\*150.00

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**DOCUMENT # P99000025628**

1. Entity Name  
CARPET INSTALLATION BY NOEL, INC.



Principal Place of Business  
3275 CORAL RIDGE DR  
CORAL SPRINGS FL 33065

Mailing Address  
3275 CORAL RIDGE DR  
CORAL SPRINGS FL 33065

2. Principal Place of Business

3. Mailing Address

2337 NW 33 Tery

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
COCONUT CREEK, FL

Zip

Country

Zip

33066

Country

BROWARD

4. FEI Number 65-0914992

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HINDS, NOEL  
3275 CORAL RIDGE DR  
CORAL SPRINGS FL 33065

Name NOEL HINDS

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

2337 NW 33 TERRACE

City COCONUT CREEK FL

Zip Code 33066

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 \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME HINDS, NOEL  
STREET ADDRESS 3275 CORAL RIDGE DR  
CITY-ST-ZIP POMPANO BEACH FL 33065 ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T  
NAME HINDS, LOTTIE  
STREET ADDRESS 3275 CORAL RIDGE DR.  
CITY-ST-ZIP CORAL SPRINGS FL 33065 ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S  
NAME GIBSON, GLEN  
STREET ADDRESS 3275 CORAL RIDGE DR.  
CITY-ST-ZIP CORAL SPRINGS FL 33065 ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/14/03 954-609-8924

CR2E034 (10/02)