

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000026340

1. Entity Name  
NOALL, INC.

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90109 034 \*\*\*150.00

Principal Place of Business

Mailing Address

835 CLIFTON COVE CT.  
COCOA FL 32926

835 CLIFTON COVE CT.  
COCOA FL 32926-2354

2. Principal Place of Business

4365 GRISSEM PARKWAY  
Suite, Apt. #, etc.

3. Mailing Address

4365 GRISSEM PARKWAY  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
COCOA, FLORIDA

City & State  
COCOA

4. FEI Number  
65-0930962

Applied For  
Not Applicable

Zip  
32926

Country  
USA

Zip  
FLA

Country  
USA  
BREVARD

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LACEY, NOREEN  
835 CLIFTON COVE CT.  
COCOA FL 32926

Name

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

City

FL

Zip Code

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)

**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
LACEY, NOREEN  
835 CLIFTON COVE CT.  
COCOA FL 32926

☐ Delete

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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: *Kathryn A. Green*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-15-00 321-631-0808  
Date Daytime Phone #

CR2E034 (9/99)