

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000046058

1. Entity Name

NOAH MANAGEMENT SERVICES, INC.

Principal Place of Business

1413 TROVILLIAN AVENUE
WINTER PARK FL 32789

Mailing Address

2309 CHANTILLY AVE
WINTER PARK FL 32789

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3578099

Applied For
Not Applicable

Zip

Country

Zip

Country

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

RAINES, ROBERT JR
2309 CHANTILLY AVE
WINTER PARK FL 32789

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 use 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME O'DONNELL, JOHN
STREET ADDRESS 1413 TROVILLIAN AVENUE
CITY-ST-ZIP WINTER PARK FL 32789 ☐ Delete

TITLE P, D
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☒ Addition

TITLE D
NAME RAINES, ROBERT JR
STREET ADDRESS 1413 TROVILLIAN AVENUE
CITY-ST-ZIP WINTER PARK FL 32789 ☐ Delete

TITLE T, D
NAME
STREET ADDRESS 900004614333
CITY-ST-ZIP -09/27/01--01088--012
****150.00 ****150.00 ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME Shaver, Sandra
STREET ADDRESS 7813 St. Andrews Circle
CITY-ST-ZIP Orlando, FL 32835 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE D
NAME Lomen, Adam
STREET ADDRESS 213 20th St, North Loft 300
CITY-ST-ZIP Birmingham, AL 35203 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE D
NAME Dulin, Stacey
STREET ADDRESS 213 20th St North Loft 200
CITY-ST-ZIP Birmingham, AL 35203 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

407-862-6445
Days/Time/Phone #

FILED

01 SEP 12 PM 12:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

005647

UCR2E034 (10/00)