

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90142 017 ***150.00

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DOCUMENT # P99000046058

1. Entity Name
NOAH MANAGEMENT SERVICES, INC.



Principal Place of Business
**825 SUNSHINE LANE
ALTAMONTE SPRINGS FL 32714**

Mailing Address
**825 SUNSHINE LANE
ALTAMONTE SPRINGS FL 32714**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

4. FEI Number **59-3578099**
Applied For
 Not Applicable

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

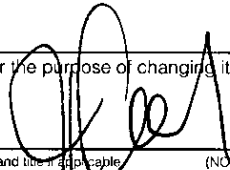
6. Name and Address of Current Registered Agent

RAINES, ROBERT JR
~~2309 CHANTILLY AVE~~
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name **John O'Donnell**
Street Address (P.O. Box Number is Not Acceptable)
825 Sunshine Lane
City **Altamonte Springs** **FL** Zip Code **32714**

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  DATE _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	O'DONNELL, JOHN	
STREET ADDRESS	825 SUNSHINE LANE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	TD	<input type="checkbox"/> Delete
NAME	RAINES, ROBERT JR	
STREET ADDRESS	825 SUNSHINE LANE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	D	<input type="checkbox"/> Delete
NAME	COHEN, ADAM	
STREET ADDRESS	213 26TH STREET NORTH LOFT 300	
CITY-ST-ZIP	BIRMINGHAM AL 35203	
TITLE	D	<input type="checkbox"/> Delete
NAME	DULIN, STACEY	
STREET ADDRESS	213 20TH STREET NORTH LOFT 200	
CITY-ST-ZIP	BIRMINGHAM AL 35203	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		

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 REQUIRED** 2/21/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)