

2001 UNIFORM BUSINESS REPORT (UBR)

0319987

DOCUMENT # P99000087161

1. Entity Name

NOBLE MANAGEMENT II COMPANY

Principal Place of Business

5821 LAKE WORTH RD
GREENACRES FL 33463

Mailing Address

5821 LAKE WORTH RD
GREENACRES FL 33463

FILED

01 APR 26 PM 3:44

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **APPLIED FOR**
650979883

Applied For

Not Applicable

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

HART, MATTHEW C
C/O NOBLE PROPERTIES
5821 LAKE WORTH ROAD
GREENACRES FL 33463

Name

Street # Peter S. Sidel

5821 Lake Worth Road

Greenacres, FL 33463

City

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, 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 V ☒ Delete
NAME HART, MATTHEW C
STREET ADDRESS 5821 LAKE WORTH RD
CITY-ST-ZIP GREENACRES FL 33463

TITLE ☐ Change ☐ Addition
NAME 400004081104
STREET ADDRESS -04/26/01--01067--025
CITY-ST-ZIP ***2320.55 ****150.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME VICE PRESIDENT
STREET ADDRESS PAUL FORBERGER
CITY-ST-ZIP 5821 LAKE WORTH RD
GREENACRES FL 33463

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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

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

4/24/01

Date

561 966 0070

Daytime Phone #

CR2E034 (10/00)