

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000105047

1. Entity Name

NOELLEN, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90097 007 ***150.00

Principal Place of Business

Mailing Address

4794 SOUTHEAST 115TH STREET
BELLEVUE FL 34420

4794 SOUTHEAST 115TH STREET
BELLEVUE FL 34420

2. Principal Place of Business

5408 Abshier Blvd.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 3008

Suite, Apt. #, etc.

City & State

Bellevue FL

Zip

34420

Country

USA

City & State

Bellevue FL

Zip

34421-3008

Country

USA

4. FEI Number

59-3620583

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCWHITE, GREG
4794 SOUTHEAST 115TH STREET
BELLEVUE FL 34420

7. Name and Address of New Registered Agent

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

TITLE **D President** ☐ Delete
NAME **MCWHITE, GREG**
STREET ADDRESS **4794 SOUTHEAST 115TH STREET**
CITY-ST-ZIP **BELLEVUE FL 34420**

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P. D. DEPT** ☒ Change ☐ Addition
NAME **McWhite, Gregory**
STREET ADDRESS **4794 SE 115th Street**
CITY-ST-ZIP **Bellevue FL 34420**

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)