

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90106 002 ***150.00

DOCUMENT # S56618

1. Entity Name
NOAH'S ARK ENTERPRISE, INC.



Principal Place of Business
**105 39TH STREET
HOLMES BEACH FL 34217**

Mailing Address
**105 39TH STREET
HOLMES BEACH FL 34217**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0264642

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PRICE, JOHN
105 39TH STREET
BRADENTON BEACH FL 34217**

Name **Pace, Kim**
Street Address (P.O. Box Number is Not Acceptable)
105 39th St.
City **Holmes Beach** FL Zip Code **34217**

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 *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **4/29/03**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** Delete
NAME **PACE, JOHN A**
STREET ADDRESS **105 39TH ST**
CITY-ST-ZIP **HOLMES BCH FL 34217**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PT** Delete
NAME **KIM, PACE**
STREET ADDRESS **105 39TH ST**
CITY-ST-ZIP **BRADENTON BEACH FL 34217**

TITLE **D/P/T** Change Addition
NAME **Pace, Kim**
STREET ADDRESS
CITY-ST-ZIP **Holmes Beach, FL 34217**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Kim Pace Pres.**

Date **4/29/03** Daytime Phone # **941-778-7477**

CR2E034 (10/02)