2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # S78179** Mar 29, 2000 8:00 am **Secretary of State** JIM NOBLES REALTY, INC. 03-29-2000 90030 035 ***150.00 Principal Place of Business Mailing Address 800 TARPON WOODS BLVD. 800 TARPON WOODS BLVD. SUITE F-1 SHITE F-1 PALM HARBOR FL 34685 PALM HARBOR FL 34685-2000 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3085252 Not Applicable Country Zip Country \$8.75 Additional.... 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BEASLEY NOBLES, JAMES M. Street Address (P.O. Box Number is Not Acceptable) 800 TARPON WOODS BLVD. TARPON SUITE F-1 Swite PALM HARBOR FL 34685 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. DPT Addition Addition Delete TITLE TITLE D. BEASLEY MARK NOBLES, JAMES M. NAME 800 TARPON WOODS BLUJ. F-1 800 TARPON WOODS BLVD. STREET ADDRESS STREET ADDRESS PALM HARBOR FL 34685 CITY-ST-ZIP CITY-ST-ZIP PALM HARBOR FL Addition 🙀 Delete TITLE NOBLES, JAMES M MARK D. BEASLEY NAME NAME 800 TARPON WOODS BLOD F-1 STREET ADDRESS 800 TARPON WOODS BLVD. STREET ADDRESS HARBOR FL 34685 PALM HARBOR FL CITY-ST-ZIP -CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 OFFIJER OR DIRECTOR

Date

Date

Description of the control of