## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # \$99527** May 04, 2000 8:00 am Secretary of State DERANIAN-NOBLE DESIGN GROUP, INC. 05-04-2000 90132 018 \*\*\*150.00 Mailing Address Principal Place of Business 6400 1ST AVE NORTH 6400 1ST AVE NORTH ST PETERSBURG FL 33743-9148 ST PETERSBURG FL 33710 3. Mailing Address 2. Principal Place of Business 49148 P.O.BOX 1253 CENTRAL AVE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State T, PETERSBURG Applied For 4. FEI Number City & State 59-3097507 Not Applicable ST. PETERSBURG Country \$8.75 Additional 5. Certificate of Status Desired 3710 DINECTTY S Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WELCH, LINDA NOBLE Street Address (P.O. Box Number is Not Acceptable) 12306 91ST TER N SEMINOLE FL 34642 Change K 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change ☐ Addition Delete TITLE TITLE NAME NAME WELCH, LINDA N STREET ADDRESS STREET ADDRESS 12306 91ST TERRACE N CITY-ST-ZIP CITY-ST-ZIP SEMINOLE FL ☐ Addition Change ☐ Delete VPD TITLE DERANIAN, MARDI R NAME STREET ADDRESS STREET ADDRESS 411,72ND STREET S CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL-Change Addition ☐ Delete **VPD** TITLE NAME NAME NOBLE, LOIS STREET ADDRESS STREET ADDRESS 10097 88TH STREET N CITY-ST-ZIP CITY-ST-ZIP LARGO FL ☐ Chance ☐ Addition Delete TITLE TITLE NOBLE, KENNETH L NAME NAME STREET ADDRESS STREET ADDRESS 10097 88TH STREET N CITY-ST-ZIP CITY-ST-ZIP LARGO FL ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-00 (727)381-0164