## 2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # V62932 1. Entity Name G. L. NOBLE & ASSOCIATES, INC. Principal Place of Business 5413 E BUSCH BLVD TEMPLE TERRACE FL 33617 US 3. Mailing Address Suite, Apt. #, etc. City & State City & State Country Zip Country

## FILED Mar 01, 2001 8:00 am Secretary of State

03-01-2001 90038 004 \*\*\*150.00

OPTOWA

					 	 		FIGN 18 EL
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	39-3144030		plied For Applicable	
Zip	Country	Zip	Country	<b>5.</b> Cer	tificate of Status Desired		8.75 Addi	tional
	6. Name and Address of Current	Registered Agent		7. Nan	ne and Address of New f	Registered Ag	ent	
MORRISON, ROBERT B., JR. 8302 RIVER HIGHLANDS PL TAMPA FL 33617				Name				
				Street Address (P.O. Box Number is Not Acceptable)				
						FL	Zip Code	,
8. The above	named entity submits this statement fo	r the purpose of changing its	registered office or reg	istered agen	, or both, in the State of Fl	orida.		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent signature re	quired when reins	lating)	DATE	<del></del>	
9. This corporation is eligible to satisfy its Intangible  Tax filing requirement and elects to do so.  (See criteria on back)  FILE NOW!!! FEE  After MAY 1, 2001 Fee  Make Check Payable to D				00	10. Election Campaign Fi Trust Fund Contribuți	~ —	<b>\$5.0</b> Added	<b>0</b> May Be I to Fees
11.	OFFICERS AND	DIRECTORS	12.	ADDI	TIONS/CHANGES TO OF	FICERS AND I	DIRECTORS	3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD NOBLE, GWENDOLYN L. 5413 E BUSCH BLVD TEMPLE TERRACE FL 33617	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied wild on this report or supplemental report	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition

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

BULLI LEASTE GWEN L. NOBL

2-21-01 813488-4577

Daytime Phone