

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90208 042 \*\*\*150.00

**DOCUMENT # V62932**

1. Entity Name  
**G. L. NOBLE & ASSOCIATES, INC.**



Principal Place of Business  
**5413 E BUSCH BLVD  
TEMPLE TERRACE FL 33617  
US**

Mailing Address  
**5413 E BUSCH BLVD  
TEMPLE TERRACE FL 33617  
US**

2. Principal Place of Business  
**19116 Dove Creek Dr.**  
Suite, Apt. #, etc.

3. Mailing Address  
**PO Box 290095**  
Suite, Apt. #, etc.

City & State  
**Tampa, FL**

City & State  
**Temple Terrace, FL**

Zip Country  
**33647-3074 US**

Zip Country  
**33687-0095 US**

4. FEI Number **59-3144056**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MORRISON, ROBERT B., JR.  
8302 RIVER HIGHLANDS PL  
TAMPA FL 33617**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

7. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

TITLE ☐ Delete  
NAME **PSD NOBLE, GWENDOLYN L.**  
STREET ADDRESS **5413 E BUSCH BLVD**  
CITY-ST-ZIP **TEMPLE TERRACE FL 33617**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **PO Box 290095**  
CITY-ST-ZIP **Temple Terrace, FL 33687-0095**

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

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

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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 **Gwendolyn L. Noble**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/14/2003** **(813) 977-2718**  
Date Daytime Phone #

CR2E034 (10/02)