

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # V69509**

1. Entity Name

**NOON ENTERPRISES, INC.**

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90100 030 \*\*\*150.00

Principal Place of Business

Mailing Address

2411 NE 48 ST  
 LIGHTHOUSE POINT FL 33064  
 US

2411 NE 48 ST  
 LIGHTHOUSE POINT FL 33064-7107  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0376215**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NOON, PATRICK J., III**  
**2411 NE 48 ST**  
**LIGHTHOUSE POINT FL 33064**

Name

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

City

**FL**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.   
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>NOON III, PATRICK J</b>	
STREET ADDRESS	<b>2411 NE 48 ST</b>	
CITY-ST-ZIP	<b>LIGHTHOUSE POINT FL 33064</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>NOON IV, PATRICK J</b>	
STREET ADDRESS	<b>4435 E. KELTON LANE</b>	
CITY-ST-ZIP	<b>PHOENIX AZ 85032</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>NOON, VIRGINIA A.</b>	
STREET ADDRESS	<b>2411 NE 48 ST</b>	
CITY-ST-ZIP	<b>LIGHTHOUSE POINT FL 33064</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NOON IV PATRICK</b>	
STREET ADDRESS	<b>4824 E. TIERRA BUENA LANE</b>	
CITY-ST-ZIP	<b>SCOTTSDALE, AZ 85254</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(l), 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, without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Handwritten Signature]* **III PRES. PATRICK J. NOON III** 4/20/00 954-946-7321

Date

Daytime Phone #

CR2E034 (9/99)