

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # V69509**

1. Entity Name

NOON ENTERPRISES, INC.**FILED**
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90385 047 ***150.00

0128767

Principal Place of Business

**2411 NE 48 ST
LIGHTHOUSE POINT FL 33064
US**

Mailing Address

**2411 NE 48 ST
LIGHTHOUSE POINT FL 33064
US****656554**

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****NOON, PATRICK J., III
2411 NE 48 ST
LIGHTHOUSE POINT FL 33064****7. Name and Address of New Registered Agent**

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

Signature, 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE **P** ☐ Delete
NAME **NOON III, PATRICK J**
STREET ADDRESS **2411 NE 48 ST**
CITY-ST-ZIP **LIGHTHOUSE POINT FL 33064**TITLE **V** ☐ Delete
NAME **NOON IV, PATRICK**
STREET ADDRESS **4824 TIERRA BUENA LANE**
CITY-ST-ZIP **SCOTTSDALE AZ 85254**TITLE **ST** ☐ Delete
NAME **NOON, VIRGINIA A.**
STREET ADDRESS **2411 NE 48 ST**
CITY-ST-ZIP **LIGHTHOUSE POINT FL 33064**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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)(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 OFFICER OR DIRECTOR

PATRICK J. NOON III**4/30/01**
Date**561-386-1890**
Daytime Phone #

CR2E034 (10/00)