

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90217 020 \*\*\*158.75

0659249  
AT

**DOCUMENT # P99000033084**

1. Entity Name  
**631 ASSOCIATES, INC.**



Principal Place of Business  
**C/O NOBLE HOUSE HOTELS & RESORTS. LTD  
570 KIRKLAND WAY  
KIRKLAND WA 98033**

Mailing Address  
**C/O NOBLE HOUSE HOTELS & RESORTS. LTD  
570 KIRKLAND WAY  
KIRKLAND WA 98033**

11010002



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **91-1963557**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301-2525**

Name

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

City

**FL**

Zip Code

I, 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 \_\_\_\_\_ (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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>COLEE, PATRICK R</b>	
STREET ADDRESS	<b>570 KIRKLAND WAY</b>	
CITY-ST-ZIP	<b>KIRKLAND WA 98033</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BENECKE, MICHAEL</b>	
STREET ADDRESS	<b>570 KIRKLAND WAY</b>	
CITY-ST-ZIP	<b>KIRKLAND WA 98033</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ROTH, JOSEPH H JR</b>	
STREET ADDRESS	<b>87851 OLD HWY.</b>	
CITY-ST-ZIP	<b>ISLAMORADA FL 33036</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DYER, PATRICK</b>	
STREET ADDRESS	<b>570 KIRKLAND WAY</b>	
CITY-ST-ZIP	<b>KIRKLAND WA 98033</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"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: \_\_\_\_\_

**SIGNATURE REQUIRED**

4/17/03

425-827-8737

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)