

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90237 016 \*\*\*150.00

0509743 AR

**DOCUMENT # F93000004161**

1. Entity Name  
**FIRST DAKOTA, INC.**

Principal Place of Business  
**212 N. FOURTH ST  
 BISMARCK ND 58501**

Mailing Address  
~~212 N. FOURTH ST  
 BISMARCK ND 58501~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address  
**2701 N. Rocky Point Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**7th Floor**

City & State

City & State  
**Tampa, Florida**

4. FEI Number  
**45-0372526**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>S GUNDERSON, GERRY 212 N. FOURTH ST BISMARCK ND 58501</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P NEIDERMEIER, LYNN R 2701 N. ROCKY POINT DRIVE, 7TH FLOOR TAMPA, FL 33607</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T WARD, GARY 2701 N ROCKY POINT DR 7TH FLOOR TAMPA FL 33607</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/D GUNDERSON, GREGORY C 212 N. 4TH STREET BISMARCK, ND 58501</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BLAGOJEVICH, ROBERT R 2701 N ROCKY POINT DR 7TH FLOOR TAMPA FL 33607</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T COLLETT, DAVID W 2701 N. ROCKY POINT DRIVE, 7TH FLOOR TAMPA, FL 33607</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AT TAWRDOWSKI, DALE 2701 N ROCKY POINT DR 7TH FLOOR TAMPA FL 33607</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:** **SIGNATURE REQUIRED** **DAVID COLLETT** **4/1/02** **310-899-8687**  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (9/01)

Attachment # F93000004161

**FIRST DAKOTA  
TAX ID# 45-0372526  
OFFICERS & DIRECTORS**

**OFFICERS:**

**PRESIDENT:**

LYNN R. NEIDERMEIER  
2701 N. ROCKY POINT DRIVE, 7TH FLOOR  
TAMPA, FL 33607

**SR. VICE PRESIDENT:**

GREGORY C. GUNDERSON  
212 N 4TH STREET  
BISMARCK, ND 58501

**TREASURER:**

David Collett  
2701 N. ROCKY POINT DRIVE, 7TH FLOOR  
TAMPA, FL 33607

**ASSISTANT TREASURER:**

DALE TWARDOWSKI  
2701 N. ROCKY POINT DRIVE, 7TH FLOOR  
TAMPA, FL 33607

**Secretary**

Gerry Gunderson  
212 N 4TH STREET  
BISMARCK, ND 58501

**DIRECTORS:**

GREGORY C. GUNDERSON

212 N 4TH STREET  
BISMARCK, ND 58501