

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90327 008 ***158.75

MARKED BY

DOCUMENT # **F93000004161**

1. Entity Name
FIRST DAKOTA, INC.



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

Mailing Address
**2701 N. ROCKY POINT DRIVE
7TH FLOOR
TAMPA FL 33607**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **45-0372526**

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

**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. I am familiar with, and accept the obligations of registered agent.

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

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	S	<input type="checkbox"/> Delete
NAME	GUNDERSON, GERRY	
STREET ADDRESS	212 N. FOURTH ST	
CITY-ST-ZIP	BISMARCK ND 58501	
TITLE	T	<input type="checkbox"/> Delete
NAME	COLLETT, DAVID W	
STREET ADDRESS	2701 N ROCKY POINT DR 7TH FLOOR	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	NEIDERMEIER, LYNN R	
STREET ADDRESS	2701 N ROCKY POINT DR 7TH FLOOR	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	AT	<input type="checkbox"/> Delete
NAME	TAWRDOWSKI, DALE	
STREET ADDRESS	2701 N ROCKY POINT DR 7TH FLOOR	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GUNDERSON, GREGORY C	
STREET ADDRESS	2701 N ROCKY POINT DR 7TH FLOOR	
CITY-ST-ZIP	TAMPA FL 33607	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lynn, R. Niedermeier	
STREET ADDRESS	2701 N. Rocky Point Dr. 7th Floor	
CITY-ST-ZIP	Tampa, FL 33607	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TWARDOWSKI, DALE	
STREET ADDRESS		
CITY-ST-ZIP		
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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1/23/03**

Daytime Phone #

CR2E034 (10/02)