

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2003 8:00 am**  
**Secretary of State**

04-09-2003 90162 022 \*\*\*150.00

**DOCUMENT # J63613**

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



Principal Place of Business  
~~2738 ST. LOUIS CT.~~  
~~PONTE VEDRA BEACH FL 32082~~  
~~US~~

Mailing Address  
~~P.O. BOX 1000~~  
~~PONTE VEDRA BEACH FL 32004-8008~~  
~~US~~



2. Principal Place of Business  
**4600 Middleton Park Circle E.**

3. Mailing Address  
**4600 Middleton Park Circle E.**

Suite, Apt. #, etc.  
**Apt. D647**

Suite, Apt. #, etc.  
**Apt. D647**

City & State  
**Jacksonville, FL**

City & State  
**Jacksonville, FL**

Zip  
**32224**

Zip  
**32224**

6. Name and Address of Current Registered Agent  
**NORTHERN, SHIRLEY L.**  
~~2738 ST. LOUIS CT.~~ **4600 Middleton Park Circle E., #D647**  
~~PONTE VEDRA BEACH FL 32004-8008~~ **Jacksonville, FL 32224**

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. 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVSD NORTHERN, SHIRLEY L. <del>2738 ST. LOUIS CT.</del> <del>PONTE VEDRA BCH FL</del></b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4600 Middleton Park Circle E., #D647 Jacksonville, FL 32224</b>
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 VERIFIED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Shirley L. Northern**

**4-8-03** (904) 821-8974  
Date Daytime Phone #

CR2E034 (10/02)