


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90950 030 ***150.00

DOCUMENT # P00000044497	
1. Entity Name Northern Lights Communications, Inc.	

DO NOT WRITE IN THIS SPACE

90075691

2. Principal Place of Business 36 Nancy Lane	3. Mailing Address PO BOX 2428
Suite, Apt. #, etc.	Suite, Apt. #, etc. PMB 8731

DO NOT WRITE IN THIS SPACE

City & State Fort Myers Beach FL	City & State Pensacola FL	4. FEI Number 65-1002941	Applied For <input type="checkbox"/> Not Applicable
Zip 33931	Country USA	Zip 32503	Country USA
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Jackie Ocanas**
Street Address (P.O. Box Number is Not Acceptable)
36 Nancy Lance
City **Fort Myers Beach** FL Zip Code **33931**

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 *Jackie Ocanas Sec/ Tre* **4-3-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	President James Laman 36 Nancy Lane Fort Myers Beach FL 33931	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary/Treasurer Jackie Ocanas 36 Nancy Lane Fort Myers Beach FL 33931 33931	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Jackie Ocanas* **4-3-03 239-464-2852**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CK# 306

CR2E034B (12/02)