

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000101693

FILED
Jun 04, 2003
Secretary of State

Entity Name: NORTHPOINT HOLDINGS, INC.

Current Principal Place of Business:

61 ALAFAYA BOULEVARD
SUITE #295
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

61 ALAFAYA BOULEVARD
SUITE #295
OVIEDO, FL 32765

New Mailing Address:

FEI Number: 43-1953343

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BEARDSLEY, DALE A ESQ.
4595 LEXINGTON AVE., STE. #100
JACKSONVILLE, FL 322102058 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: MELNICK, RICHARD B
Address: 1043 HORNBEAM ST.
City-St-Zip: OVIEDO, FL 32765

Title: PD () Delete
Name: MELNICK, MICHAEL P
Address: 1043 HORNBEAM ST.
City-St-Zip: OVIEDO, FL 32765

Title: SD () Delete
Name: FELDMAN, ROBERT D
Address: 441 WHISPERING OAK LANE
City-St-Zip: APOPKA, FL 32712

Title: TD () Delete
Name: BROWN, ANDREW R
Address: 242 NANDINA TERRACE
City-St-Zip: WINTER SPRINGS, FL 32708

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL P. MELNICK

PRES

06/04/2003

Electronic Signature of Signing Officer or Director

Date