

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90390 013 ***150.00

0041988 AV

DOCUMENT # P02000040412

1. Entity Name
NORTHLAND ASSOCIATES, INC.



Principal Place of Business
**1344 HIDEAWAY DRIVE SOUTH
JACKSONVILLE FL 32259**

Mailing Address
**1344 HIDEAWAY DRIVE SOUTH
JACKSONVILLE FL 32259**



2. Principal Place of Business

**1200 Riverplace Blvd
Suite 105**

3. Mailing Address

**1200 Riverplace Blvd
Suite 105**

☒ CHECK HERE IF MAKING CHANGES

City & State
Jacksonville FL

City & State
Jacksonville FL

4. FEI Number
03-0433316

Applied For
☐ Not Applicable

Zip Country
32207 USA

Zip Country
32207 USA

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

6. Name and Address of Current Registered Agent

**KINGSNORTH, CHARLENE
1344 HIDEAWAY DRIVE SOUTH
JACKSONVILLE FL 32259**

7. Name and Address of New Registered Agent

Name **Strickland, Teena**
Street Address (P.O. Box Number is Not Acceptable)
1200 Riverplace Blvd #105
City **Jacksonville FL** Zip Code **32207**

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 **Teena Strickland, Pres.**
Signature, typed or printed name of registered agent and his or her address (NOTE: Registered Agent signature required when reinstating)

4/15/03
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 **PD** ☐ Delete
NAME **STRICKLAND, TEENA**
STREET ADDRESS **10137 LEISURE LANE SOUTH**
CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE **VD** ☐ Delete
NAME **KINGSNORTH, CHARLENE**
STREET ADDRESS **1344 HIDEAWAY DRIVE SOUTH**
CITY-ST-ZIP **JACKSONVILLE FL 32259**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: **Teena Strickland, Pres.**
Signature, typed or printed name of signing officer or director

4/15/03 904-391-1612
Date Daytime Phone #

CR2E034 (10/02)