FILED
May 29, 2003 8:00 am
Secretary of State
05-29-2003 90140 038 ***158.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000072218

1. Entity Name
NORTHSTAR GEOMATICS, INC.

Principal Place of Business	Mailing Address
4125 SW MARTIN HWY STE 16 PALM CITY, FL 34990	4125 SW MARTIN HWY STE 16 PALM CITY, FL 34990

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
851 SE Johnson AV.	P.O. Box 2371
Suite, Apt. #, etc. Suite 226	Suite, Apt. #, etc.
City & State Stuart FL	City & State Stuart FL
Zip 34994 Country USA	Zip 34995 Country USA

4. FEI Number 020634183 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
KOHL, N DEAN JR
50 SE KINDRED ST STE 107
STUART, FL 34994

7. Name and Address of New Registered Agent
Name Gregory Fleming
Street Address (P.O. Box Number is Not Acceptable) 851 SE Johnson Av. #226
City Stuart FL Zip Code 34994

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 [signature]
Signature, typed or printed name of registered agent and title if applicable (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	President	☐ Delete
NAME	Gregory S. Fleming	
STREET ADDRESS	851 SE Johnson AV #226	
CITY-ST-ZIP	Stuart FL 34994	
TITLE	Vice President	☐ Delete
NAME	Frank C. Veldhuis	
STREET ADDRESS	851 SE Johnson Av	
CITY-ST-ZIP	Stuart FL 34994	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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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		
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STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (10/02)

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] Gregory S. Fleming 4/30/03 772-781-6400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #