

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90953 028 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000073458

1. Entity Name
NORTHERN ALLIANCE INVESTMENT GROUP, INC.



Principal Place of Business
135 PROFESSIONAL DR STE 101
PONTE VEDRA BCH, FL 32082

Mailing Address
135 PROFESSIONAL DR STE 101
PONTE VEDRA BCH, FL 32082

2. Principal Place of Business
4745 Sutton Park Court

3. Mailing Address
4745 Sutton Park Court

Suite, Apt. #, etc.
Building 500, Suite 501

Suite, Apt. #, etc.
Building 500, Suite 501

City & State
Jacksonville, FL

City & State
Jacksonville, FL

Zip Country
32224 U.S.A.

Zip Country
32224 U.S.A.



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
71-0894174

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARTLETT & DEAL, P.A.
135 PROFESSIONAL DR STE 101
PONTE VEDRA BCH, FL 32082

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003, Fee will be \$650.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD ☒ Delete
NAME LENDRY, BRYAN
STREET ADDRESS 3202 SAWGRASS VILLAGE DR.
CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082

TITLE VD ☐ Delete
NAME TABB, JEFFREY E.
STREET ADDRESS 3202 SAWGRASS VILLAGE DR.
CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE P/V/T/S/D ☒ Change ☐ Addition
NAME
STREET ADDRESS 4745 Sutton Park Court
CITY-ST-ZIP Bldg. 500, Ste. 501
Jacksonville, FL 32224

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEFFREY E. TABB

2-28-03

Date

Daytime Phone #

CR2EC34 (10/02)