

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90128 024 ***158.75

DOCUMENT # P02000107637

1. Entity Name
NORTHSIDE DIGITAL DOCUMENTS, INC.



Principal Place of Business
**104 WHITAKER ROAD
LUTZ FL 33549**

Mailing Address
**104 WHITAKER ROAD
LUTZ FL 33549**

2. Principal Place of Business

3. Mailing Address

P.O. Box 861

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Lutz FL

Zip

Country

Zip

Country

33548-0861

4. FEI Number

06-1650539

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**NEUKAMM, JOHN B
BANK OF AMERICA PLAZA, SUITE 3140
101 EAST KENNEDY BOULEVARD
TAMPA FL 33602**

7. Name and Address of New Registered Agent

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 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 **D** ☐ Delete
NAME **CARLSON, KEVIN G P.E.**
STREET ADDRESS **104 WHITAKER ROAD**
CITY-ST-ZIP **LUTZ FL 33549**

TITLE **D** ☐ Delete
NAME **BAKER, MICHAEL**
STREET ADDRESS **104 WHITAKER ROAD**
CITY-ST-ZIP **LUTZ FL 33549**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **V/D** ☒ Change ☐ Addition
NAME **CARLSON, KEVIN G**
STREET ADDRESS **104 WHITAKER RD**
CITY-ST-ZIP **LUTZ FL 33549**

TITLE **P/S/T/D** ☒ Change ☐ Addition
NAME **BAKER, PRESTON M**
STREET ADDRESS **104 WHITAKER RD.**
CITY-ST-ZIP **LUTZ FL 33549**

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:

PRESTON M. BAKER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/09/03 813 909 1845

CR2E034 (10/02)