FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90180 028 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000065344

1. Entity Name
NORTHERN DREAMBUILDERS CORPORATION

Principal Place of Business	Mailing Address
302 NE EDGEWATER DR. #302 STUART, FL 34996	302 NE EDGEWATER DR. #302 STUART, FL 34996

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
307 NE GOLFVIEW CIR	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: STUART FLORIDA	City & State:
Zip: 34996 Country: MARTIN	Zip: Country:

4. FEI Number: 65-0697592 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

HELD, DONALD J
302 NE EDGEWATER DRIVE
APT 302
STUART, FL 34996

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 307 NE GOLFVIEW CIRCLE
City: STUART FL Zip Code: 34996

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: Donald J Held   DONALD J HELD   4-14-03
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PT ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	HELD, DONALD J	NAME	
STREET ADDRESS	302 NE EDGEWATER DRIVE, APT 302	STREET ADDRESS	307 NE GOLFVIEW CIRCLE
CITY-ST-ZIP	STUART, FL 34996	CITY-ST-ZIP	STUART FLORIDA 34996
TITLE	VS ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	HELD, JANET L	NAME	
STREET ADDRESS	302 NE EDGEWATER DRIVE, APT 302	STREET ADDRESS	307 NE GOLFVIEW CIRCLE
CITY-ST-ZIP	STUART, FL 34996	CITY-ST-ZIP	STUART FLORIDA 34996
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Donald J Held   DONALD J HELD   4-14-03   614-792-5174
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #