

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**  
 05-01-2002 91473 038 \*\*\*150.00

17545330  
 AV

**DOCUMENT # P99000044745**

1. Entity Name  
**NORTHERN NIGHTS, INC.**

Principal Place of Business  
~~36426 US HWY. 19 NORTH~~  
~~PALM HARBOR FL 34684~~

Mailing Address  
~~36426 US HWY. 19 NORTH~~  
~~PALM HARBOR FL 34684~~

2. Principal Place of Business  
**2712 Powell Lane**  
 Suite, Apt. #, etc.

3. Mailing Address  
**2712 Powell Ln.**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**Tarpon Springs, FL**  
 Zip  
**34688**  
 Country  
**Pinellas**

City & State  
**Tarpon Springs, FL**  
 Zip  
**34688**  
 Country  
**Pinellas**

4. FEI Number **59-3594693**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**REESE, MICHAEL K**  
**36426 US HWY. 19 NORTH**  
**PALM HARBOR FL 34684**

7. Name and Address of New Registered Agent

Name **John Bork**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2712 Powell Lane**  
 City **Tarpon Springs FL** Zip Code **34688**

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.

SIGNATURE *John Bork* **John Bork** DATE **4/18/02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BORK, JOHN</b> <b>2712 POWELL LANE</b> <b>TARPON SPRINGS FL 34689</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *John Bork* **John Bork** DATE **4/18/02** 727 942-6319  
Signature and typed or printed name of signing officer or director. Daytime Phone #

CR2E034 (9/01)