

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 09, 2003 8:00 am**  
**Secretary of State**

04-09-2003 90045 013 \*\*\*\*55.00

DOCUMENT # L02000033989

1. Entity Name

VOLUME DIMENSIONS, LLC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

5385 GATEWAY BLVD

3. Mailing Address

SAME

Suite, Apt. #, etc.

18

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

LAKELAND, FL

City & State

4. FEI Number

01-0745451

Applied For

Not Applicable

Zip

33811

Country

USA

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

KENDEL VANTERPOOL

Street Address (P.O. Box Number is Not Acceptable)

5385 GATEWAY BLVD, STE 117

City

LAKELAND

FL

Zip Code

33811

**DO NOT WRITE  
IN THIS SPACE**

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

*Kendel Vanterpool*

KENDEL VANTERPOOL

4/1/03

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

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE

Chief Exec. Officer

NAME

KENDEL VANTERPOOL, MGR

STREET ADDRESS

5385 GATEWAY BLVD.

CITY-ST-ZIP

LAKELAND, FL 33811

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

Vice. Pres.

NAME

JOBY VANTERPOOL

STREET ADDRESS

265 BRADY WALK

CITY-ST-ZIP

LAWRENCEVILLE, GA 30045

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

SECRETARY

NAME

SHENEL VANTERPOOL

STREET ADDRESS

265 BRADY WALK

CITY-ST-ZIP

LAWRENCEVILLE, GA 30045

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

Chief Financial Officer

NAME

SHARON THOMPSON

STREET ADDRESS

265 BRADY WALK

CITY-ST-ZIP

LAWRENCEVILLE, GA 30045

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*Kendel Vanterpool*

KENDEL VANTERPOOL

4/1/03

(803)644-9770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/02)