

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90378 012 ***150.00

NR020512 AT

DOCUMENT # P01000063675

1. Entity Name
FINANCIAL DIMENSIONS, INC.

Principal Place of Business Mailing Address
12430 MARLEIGH CT. **P.O. BOX 780532**
ORLANDO FL 32878-0532 **ORLANDO FL 32878-0532**

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEJ Number Applied For
65-1120026 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
SIMKINS, PAUL F SR. Name
12430 MARLEIGH CT. Street Address (P.O. Box Number is Not Acceptable)
ORLANDO FL 32878-0532 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.
 SIGNATURE _____ DATE _____
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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P SIMKINS, PAUL F SR.	NAME	
STREET ADDRESS	12430 MARLEIGH CT.	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32878-0532	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V SIMKINS, MARTHA J	NAME	
STREET ADDRESS	12430 MARLEIGH CT.	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32878-0532	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D FORE, NATALIE K	NAME	
STREET ADDRESS	2716 HEIDI CT.	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32826	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D SIMKINS, PAUL F JR.	NAME	
STREET ADDRESS	1732 RIVEREDGE RD.	STREET ADDRESS	
CITY-ST-ZIP	OVIEDO FL 32766	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D SIMKINS, DAVID G	NAME	
STREET ADDRESS	8878 LARWIN LANE	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32817	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 an order like empowered.

SIGNATURE: 1/9/2002 407-306-7943
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)