

FROM :

FAX NO. :

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90140 005 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P02000003276**



1. Entity Name
ORGANIZATION DIMENSIONS, INC.

30061443

Principal Place of Business
12240 WOODLANDS CIRCLE
DADE CITY FL 33525

Mailing Address
12240 WOODLANDS CIRCLE
DADE CITY FL 33525



2. Principal Place of Business
12240 WOODLANDS CIRCLE
Suite, Apt. #, etc.

3. Mailing Address
12240 WOODLANDS CIRCLE
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number
36-3446500

Applied For
Not Applicable

Zip Country

Zip Country

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

VRASPIR, TODD W
5327 COMMERCIAL WAY
SUITE A101
SPRING HILL FL 34808

Name
NORMAN BURNS
Street Address (P.O. Box Number is Not Acceptable)
12240 WOODLANDS CIRCLE
City
DADE CITY FL Zip Code
33525

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 *Norman Burns*

3/21/03

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when registering)

DATE

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PV BURNS, NORMAN R
12240 WOODLANDS CIRCLE
DADE CITY FL 33525

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
12240 WOODLANDS CIRCLE

TITLE
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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)(f), 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 807, 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: *Norman Burns*

3/21/03

352-588-0890

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #