

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90060 002 ***150.00

DOCUMENT # P94000076871

1. Entity Name
DIMENSIONS PLUS, INC.

Principal Place of Business
 2555 ENTERPRISE RD.
 SUITE 9-1
 CLEARWATER FL 33763-1150
 US

Mailing Address
 2555 ENTERPRISE RD.
 SUITE 9-1
 CLEARWATER FL 33763-1150
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3272757**

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

SOROTA, JOSEPH J JR.
28100 U.S. 19 NORTH, SUITE 504
CLEARWATER FL 34621

Name
 Street Address (P.O. Box Number is Not Acceptable)
 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, 2001 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 **DP** Delete
 NAME **SOROTA, DONALD M**
 STREET ADDRESS **171 WOODCREEK DRIVE WEST**
 CITY-ST-ZIP **SAFETY HARBOR FL 34695**

TITLE **DIRECTOR, PRESIDENT +** Change Addition
 NAME **TREASURER**

TITLE **DVPT** Delete
 NAME **SOROTA, DONALD J**
 STREET ADDRESS **2717 N. HAMPDEN CT. APT 203N**
 CITY-ST-ZIP **CHICAGO IL 60614**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DVPS** Delete
 NAME **SOROTA, VIRGINIA R**
 STREET ADDRESS **171 WOODCREEK DRIVE WEST**
 CITY-ST-ZIP **SAFETY HARBOR FL 34695**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Delete
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TITLE Change Addition
 NAME
 STREET ADDRESS
 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 all other like empowered.

SIGNATURE: **Donald M. Sorota** **2-14-01** **727-727-2555**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E004 (10/00)