

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 334476

1. Entity Name

DATA DIMENSIONS, INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90005 015 ***150.00

Principal Place of Business

Mailing Address

C/O WILLIE C. MOSS
5025 SOUTH ORANGE AVENUE
ORLANDO FL 32809

C/O WILLIE C. MOSS
5025 SOUTH ORANGE AVENUE
ORLANDO FL 32809-3017

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1221153

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

MOSS, WILLIE C
5025 SOUTH ORANGE AVENUE
ORLANDO FL 32809

Name

MOSS, RONALD G.

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

5025 S ORANGE AVE

City

ORLANDO

FL

Zip Code

32809

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

Ronald G Moss

Ronald G Moss Pres.

4-14-2000

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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	PD	<input checked="" type="checkbox"/> Delete
NAME	MOSS, WILLIE C	
STREET ADDRESS	5025 S. ORANGE AVE.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MOSS, DIANA J.	
STREET ADDRESS	5025 S. ORANGE AVE.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	BARTON, N. STEVEN S	
STREET ADDRESS	5025 S. ORANGE AVE.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	ELLIOTT, JAMES W	
STREET ADDRESS	5025 SO ORANGE AVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RONALD G. MOSS	
STREET ADDRESS	5025 SO ORANGE AVE	
CITY-ST-ZIP	ORLANDO, FL 32809	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTON	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

DIANA J. MOSS Sec.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)