

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

04-20-2000 90005 015 \*\*\*150.00

**DOCUMENT # 334476**

1. Entity Name  
**DATA DIMENSIONS, INC.**

Principal Place of Business C/O WILLIE C. MOSS 5025 SOUTH ORANGE AVENUE ORLANDO FL 32809	Mailing Address C/O WILLIE C. MOSS 5025 SOUTH ORANGE AVENUE ORLANDO FL 32809-3017
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-1221153</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
Zip	Country	Zip	Country				

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 <b>MOSS, RONALD G.</b>					
				Street Address (P.O. Box Number is Not Acceptable) <b>5025 So ORANGE AVE</b>					
				City <b>ORLANDO</b>		FL		Zip Code <b>32809</b>	

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. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE	President	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MOSS, WILLIE C			NAME	Ronald G. Moss		
STREET ADDRESS	5025 S. ORANGE AVE.			STREET ADDRESS	5025 So ORANGE AVE		
CITY-ST-ZIP	ORLANDO FL			CITY-ST-ZIP	ORLANDO, FL 32809		
TITLE	ST	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MOSS, DIANA J.			NAME			
STREET ADDRESS	5025 S. ORANGE AVE.			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE	Vice President	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BARTON, N. STEVEN S			NAME	BARTON		
STREET ADDRESS	5025 S. ORANGE AVE.			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ELLIOTT, JAMES W			NAME			
STREET ADDRESS	5025 SO ORANGE AVE			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL			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			
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 all other like empowered.

SIGNATURE *Diana J. Moss* **DIANA J. Moss Sec.** **4-14-2000** **407-857-4944**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)