

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 25, 2001 08:00 AM**
Secretary of State**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**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number**59-1221153**

Applied For

Not Applicable

5. Certificate of Status Desired**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentMOSS, WILLIE C
5025 SOUTH ORANGE AVENUE

ORLANDO FL 32809**7. Name and Address of New Registered Agent**

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

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

(NOTE: Registered Agent signature required when reinstating)

04/25/2001

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, 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 V ☐ Delete
NAME ELLIOTT JAMES W
STREET ADDRESS 5025 SO ORANGE AVE
CITY-ST-ZIP ORLANDO FLTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE VP ☐ Delete
NAME BARTON STEVEN S
STREET ADDRESS 5025 S. ORANGE AVE.
CITY-ST-ZIP ORLANDO FLTITLE EVP ☒ Change ☐ Addition
NAME BARTON STEVEN S
STREET ADDRESS 5025 S. ORANGE AVE.
CITY-ST-ZIP ORLANDO FLTITLE ST ☐ Delete
NAME MOSS, DIANA J.
STREET ADDRESS 5025 S. ORANGE AVE.
CITY-ST-ZIP ORLANDO FLTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE P ☐ Delete
NAME MOSS RONALD G
STREET ADDRESS 5025 S. ORANGE AVE.
CITY-ST-ZIP ORLANDO FL 32809TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: Diana J. Moss

Sec.

04/25/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)