2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

10897 154TH RD NO

JUPITER FL 33478

599147 **DOCUMENT #**

1. Entity Name

Principal Place of Business

10897 154TH RD NO

NEW DIMENSION REALTY & DEVELOPMENT INC.



FILED Mar 24, 2003 8:00 am Secretary of State

03-24-2003 90236 021 ***150.00

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Principal Place of Business 3. Mailing Address			ess		,				
Suite, Apt. #, etc. Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State City & State				4. FEI	Number 59-1882264	<u> </u>	lied For Applicable		
Zip	Zip Country Zip Cou		Cour	ntry	5. Ce	rtificate of Status Desired	\$8.75 Addit	ional	
•			l		7. Na	me and Address of New Registered			
6. Na	me and Address of Curr	ent Registered Agent		Name				-	
SPRIGGS, PATRIC	IA A	• .	* •	Street Address	(P.O. Box	Number is Not Acceptable)			
10897 154TH RD I	N								
JUPITER FL 33478	; ·						Zip Code		
				City		F!	└ '		
	antity authority this stateme	ot for the purpose of c	hanging its registe	red office or regist	tered ager	at, or both, in the State of Florida. I an	n familiar with, a	nd accept	
the obligations of re	egistered agent.	The training paragraph of a							
SIGNATURE		d title if anoticoble	(NOTE: Register	red Agent signature requi	ired when reins	stating) DATE			
Signature, t	yped or printed name of registered		(1012.113						
FILE NO	W!!! FEE IS \$150.00	00				 Election Campaign Financing Trust Fund Contribution. 		May Be to Fees	
After May 1,	2003 Fee will be \$550 le to Florida Departme	nt of State		-			_		
9-		AND DIRECTORS	11	1.	ADD	ITIONS/CHANGES TO OFFICERS A	ND DIRECTORS		
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CITY-ST-ZIP					in Section	119.07(3)(i), Florida Statutes. I further	certify that the	information	
10 I haroby cortify t	hat the information supplied	ed with this filing does	not quality for the	exemption stated i	ni pecilon	local offset as if made under oath: the	at I am an office	r or director	

12. 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 10 or Block 11 if changed, or on an attachment with an andress, with all other like empowered.

SIGNATURE: