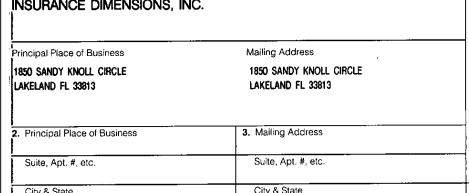
## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P01000009797 1. Entity Name INSURANCE DIMENSIONS, INC.

FILED
Feb 20, 2002 8:00 am §
Secretary of State

02-20-2002 90088 014 \*\*\*150.00





2. Principal Place of Business 3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State	9	City & State	City & State			4. FEI Number 59 3 69 41 05		pplied For ot Applicable	
Zip	Country	Zip	Zip Country			.5. Certificate of Status Desired			
	6. Name and Address of Curren	t Registered Agent			7. N	lame and Address of New Registere	d Agent		
TODD, KEITH 1850 SANDY KNOLL CIRCLE LAKELAND FL 33813				Name  Street Address (P.O. Box Number is Not Acceptable)					
				City			Zip Cod	de	
SIGNIATI IDE	named entity submits this statement f	-		d office or regis		·	E		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  FILE NOW!!! F After May 1, 2002 F Make Check Payable to				Fee will be \$550.00		Election Campaign Financing     Trust Fund Contribution.	nd Contribution. Added to Fees		
11.	OFFICERS AND	D DIRECTORS	12.	1	AD	DITIONS/CHANGES TO OFFICERS A			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	~   1000 OMIDI MIOLE OILOCE			T ADDRESS ST-ZIP			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			T ADDRESS ST-ZIP	-		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete			I .			_ Change	- Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete		T ADDRESS ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete				140 07/0V/) Florido Statutas Huthar	Change	Addition	

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.