

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90378 012 ***150.00

DOCUMENT # P01000063675

1. Entity Name
FINANCIAL DIMENSIONS, INC.

Principal Place of Business

12430 MARLEIGH CT.
ORLANDO FL 32878-0532

Mailing Address

P.O. BOX 780532
ORLANDO FL 32878-0532

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

65-1120026

Applied For

Not Applicable

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

SIMKINS, PAUL F SR.
12430 MARLEIGH CT.
ORLANDO FL 32878-0532

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)

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, 2002 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	P	<input type="checkbox"/> Delete
NAME	SIMKINS, PAUL F SR.	
STREET ADDRESS	12430 MARLEIGH CT.	
CITY-ST-ZIP	ORLANDO FL 32878-0532	
TITLE	V	<input type="checkbox"/> Delete
NAME	SIMKINS, MARTHA J	
STREET ADDRESS	12430 MARLEIGH CT.	
CITY-ST-ZIP	ORLANDO FL 32878-0532	
TITLE	D	<input type="checkbox"/> Delete
NAME	FORE, NATALIE K	
STREET ADDRESS	2716 HEIDI CT.	
CITY-ST-ZIP	ORLANDO FL 32826	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIMKINS, PAUL F JR.	
STREET ADDRESS	1732 RIVEREDGE RD.	
CITY-ST-ZIP	OVIEDO FL 32766	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIMKINS, DAVID G	
STREET ADDRESS	8878 LARWIN LANE	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE		<input type="checkbox"/> Delete
NAME		
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 an order like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/9/2002 407-306-7943

CR2E034 (9/01)