

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90324 012 ***150.00

DOCUMENT # P01000069755

1. Entity Name
DIMENSIONAL CONTRACTING, INC.



Principal Place of Business
**4201 OLD HWY 441
MOUNT DORA FL 32757**

Mailing Address
**P.O. BOX 1807
TAVARES FL 32778**

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 **59-3733091**

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STRAUB, MICHAEL J
1250 MT. HOMER RD., STE. 3
EUSTIS FL 32726**

Name **Straub, Michael J.**
Street Address (P.O. Box Number is Not Acceptable)
10128 E.D. Robbins Rd.
Howey-in-the-Hills FL
City **FL** Zip Code **34737**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ☒

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **STRAUB, MICHAEL J**
STREET ADDRESS **10050 E. DEWEY ROBBINS RD.**
CITY-ST-ZIP **HOWEY-IN-THE-HILLS FL 34737**

TITLE ☐ Change ☐ Addition
NAME **Straub, Michael J.**
STREET ADDRESS **10128 E.D. Robbins Rd.**
CITY-ST-ZIP **Howey-in-the-Hills FL 34737**

TITLE ☐ Delete
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CITY-ST-ZIP

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 address, with all other like empowered.

SIGNATURE: ☒ **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/03

Date

Daytime Phone #

CR2E034 (10/02)