

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000008171

1. Entity Name

ALTERNATIVE DIMENSIONS, INC.

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90082 006 ***150.00

Principal Place of Business

Mailing Address

6931-3 LILLIAN RD.
JACKSONVILLE FL 32211

6931-3 LILLIAN RD.
JACKSONVILLE FL 32211-5873

2. Principal Place of Business

5875 MINING TERRACE

3. Mailing Address

5875 MINING TERRACE

Suite/Apt. #, etc.

209

Suite/Apt. #, etc.

209

City & State

JAX, FL.

City & State

JAX, FL.

4. FEI Number

59-3225251

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

32257

Country

DUVAL

Zip

32257

Country

DUVAL

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCKEE, MICHAEL E
140 ANNANDALE DR. W.
JACKSONVILLE FL 32225

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

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

Michael E. McKee Pres. / Agent 1/17/00

(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, 2000 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 ☐ Delete
NAME MCKEE, MICHAEL E
STREET ADDRESS 140 ANNANDALE DR. W.
CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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:

Michael E. McKee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael E. McKee Pres. 1/17/00 904-886-9177

Date

Daytime Phone #

CR2E034 (9/99)