

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90121 008 ***150.00

DOCUMENT # P94000008171

1. Entity Name
ALTERNATIVE DIMENSIONS, INC.



Principal Place of Business
**5875 MINING TERRACE
209
JACKSONVILLE FL 32257**

Mailing Address
**5875 MINING TERRACE
209
JACKSONVILLE FL 32257**

2. Principal Place of Business

2736 CORTEZ Rd.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 16535

Suite, Apt. #, etc.

City & State
JACKSONVILLE FL.

City & State
JACKSONVILLE FL

4. FEI Number **59-3225251**

Applied For
Not Applicable

Zip
32246

Country
DUVAL

Zip
32245

Country
DUVAL

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **McKee, Michael E**
Street Address (P.O. Box Number is Not Acceptable)
2736 CORTEZ Rd.
City **JACKSONVILLE** FL Zip Code **32246**

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

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

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

3/28/03

904 565 1784

Date

Daytime Phone #

CR2E034 (10/02)