

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90233 047 ***150.00

DOCUMENT # P96 000000553

1. Entity Name

FOURTH DIMENSION, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
302 North Blvd West

Suite, Apt. #, etc.

3. Mailing Address
c/o Acctg & Bus Cnslts

Suite, Apt. #, etc.
1535 SE 17th Street #206

City & State
Davenport, FL 33837

City & State
Fort Lauderdale, FL

4. FEI Number
65-0630290

Applied For
Not Applicable

Zip Country USA

Zip
33316

Country USA

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

7. Name and Address of Current Registered Agent

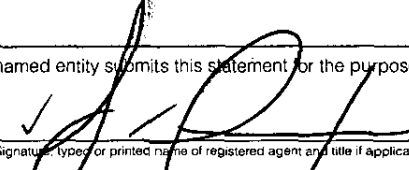
Name
Gary Knox

Street Address (P.O. Box Number is Not Acceptable)
302 North Blvd West

City Davenport FL Zip Code 33837

**DO NOT WRITE
IN THIS SPACE**

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

12 MAY 03

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE P
NAME Gary Knox
STREET ADDRESS 302 North Blvd West
CITY-ST-ZIP Davenport FL 33837

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP
NAME Janine Knox
STREET ADDRESS 302 North Blvd West
CITY-ST-ZIP Davenport FL 33837

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12 MAY 03

985-226-6008

CR2E034B (12/01)