

2002 UNIFORM BUSINESS REPORT (UBR)

FILED P96000037065

02 JUN -7 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000037065

1. Entity Name
DIMENSIONS GALLERY AND FRAMEWORKS, INC.

Principal Place of Business

41005 NORTH 56TH STREET
TEMPLE TERRACE FL 33617

Mailing Address

11005 NORTH 56TH STREET
TEMPLE TERRACE FL 33617

2. Principal Place of Business

8632 CATTAIL DR

3. Mailing Address

8632 CATTAIL DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TEMPLE TERRACE

City & State

TEMPLE TERRACE

Zip

33637

Country

Hills

Zip

33637

Country

Hills

4. FEI Number

59-3334395

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROBERTSON, BEN

11005 N 56TH ST

TEMPLE TERR FL 33617

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

8632 CATTAIL DR

City

TEMPLE TERRACE

FL

Zip Code

33637

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

April 22, 2002

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
ROBERTSON, PATRICIA
11005 NORTH 56TH STREET
TEMPLE TERRACE FL 33617

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
8632 CATTAIL DR
TEMPLE TERRACE, FL 33637

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
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CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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 officers empowered.

SIGNATURE:

Patricia Robertson

4/22/02

813-988-1407

CR2E034 (9/01)