

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State
 05-05-2002 90287 014 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000083721 1. Entity Name THE HUMAN DIMENSION, INC.					
Principal Place of Business 3115 S. ATLANTIC AVE., #502 COCOA BCH FL 32931		Mailing Address 3115 S. ATLANTIC AVE., #502 COCOA BCH FL 32931			
2. Principal Place of Business 201 N. ORLANDO AVENUE Suite, Apt. #, etc.		3. Mailing Address 201 N. ORLANDO AVENUE Suite, Apt. #, etc.			
City, & State COCOA BEACH, FL		City & State COCOA BEACH, FL		4. FEI Number 59-3602619	
Zip 32931		Country BREVARD		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SANDERS, LISA-MARIE B 3115 S. ATLANTIC AVE., #502 COCOA BCH FL 32931				7. Name and Address of New Registered Agent Name same Street Address (P.O. Box Number is Not Acceptable) 201 N. ORLANDO AVENUE City COCOA BEACH FL Zip Code 32931	
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 <u>LISA-MARIE B. SANDERS, President</u> DATE <u>3/11/02</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>		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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD SANDERS, LISA-MARIE B 3115 S. ATLANTIC AVE., #502 COCOA BCH FL 32931		TITLE NAME STREET ADDRESS CITY-ST-ZIP	} same 201 N. ORLANDO AVENUE COCOA BEACH, FL 32931	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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CR2E034 (9/01)

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: LISA-MARIE B. SANDERS, President DATE 3/11/02 DAYTIME PHONE # 321-784-1975
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #