

FILED
May 16, 2003 8:00 am
Secretary of State

05-16-2003 90188 046 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # S38813			
1. Entity Name NEURODIMENSION, INCORPORATED			
Principal Place of Business 1800 N MAIN ST. SUITE D4 GAINESVILLE, FL 32609 US		Mailing Address 1800 N MAIN ST. SUITE D4 GAINESVILLE, FL 32609 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3065185		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
REID, STEVEN A. 314 NE 4TH AVENUE GAINESVILLE, FL 32601			
7. Name and Address of New Registered Agent			
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when filing.)</small>			
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D PRINCE, JOSE C. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3022 NW 24TH TERRACE	NAME	
STREET ADDRESS	GAINESVILLE, FL	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D REID, STEVEN A. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	314 NE 4TH AVENUE	NAME	
STREET ADDRESS	GAINESVILLE, FL	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D WOOTEN, DANIEL M. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1014 NW 104TH TERRACE	NAME	
STREET ADDRESS	GAINESVILLE, FL	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <i>Paul M. Mas</i>		5-13-03 352-377-5144	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

90135905

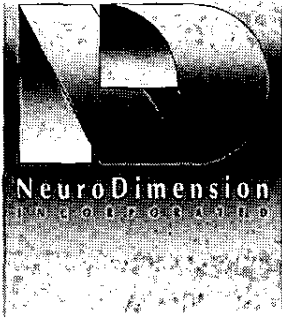


☐ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)

90135905

Attachment
#638813



May 14, 2003

Department of State
Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, FL 32303-1500

RE: FEI: 59-3065185

Dear Sir/Madam;

We did not receive our yearly UBR Corporate Filing Notice Packet. This was brought to our attention yesterday by our accountant. We have included the payment for the 2003 year filings for \$150.00, and request that the late fee be waived.

If you have any questions, or need additional information, please feel free to contact me at 352-377-5144 x193.

Thank you for your assistance with this matter.

Best Regards,

A handwritten signature in cursive script, appearing to read 'Daniel M. Wooten'.

Daniel M. Wooten
President

Enclosure