

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 19, 2000 8:00 an  
Secretary of State

02-19-2000 90008 035 \*\*\*150.00

DOCUMENT # F93000001496

1. Entity Name

**DIMENSION CIRCUITS INCORPORATED**

Principal Place of Business

Mailing Address

5327 COMMERCIAL WAY, UNIT B110  
SPRINGHILL FL 34607

5327 COMMERCIAL WAY, UNIT B110  
SPRINGHILL FL 34606-1499

**C0020116**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

11-2752212

Applied  
Not

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HANLEY, THOMAS**  
5327 COMMERCIAL WAY/UNIT B110  
SPRINGHILL FL 34607

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** ..  
Added to

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE **P** ☐ Delete  
NAME **HANLEY, THOMAS**  
STREET ADDRESS **4652 LAKE IN THE WOODS DRIVE**  
CITY-ST-ZIP **SPRINGHILL FL 34607**

TITLE ☒ Change ☐  
NAME  
STREET ADDRESS **10063 12 OAK COURT**  
CITY-ST-ZIP **WEEKI WACHEE, FL. 33512**

TITLE **VP** ☐ Delete  
NAME **HANLEY, LINDA**  
STREET ADDRESS **4652 LAKE IN THE WOODS DRIVE**  
CITY-ST-ZIP **SPRINGHILL FL 34607**

TITLE ☒ Change ☐  
NAME  
STREET ADDRESS **10063 12 OAK COURT**  
CITY-ST-ZIP **WEEKI WACHEE, FL. 33512**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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

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 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 changed, 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 #