

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L61776

1. Entity Name

PRINTED CIRCUIT TECHNOLOGIES, INC.

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90072 034 \*\*\*558.75

Principal Place of Business

Mailing Address

1901 S. HARBOR CITY BLVD.  
715  
MELBOURNE FL 32901  
US

3525 LATROBE DRIVE  
CHARLOTTE NC 28211-4853  
US

2. Principal Place of Business

3525 LATROBE DR.

3. Mailing Address

Same

Suite, Apt. #, etc.

CHARLOTTE

Suite, Apt. #, etc.

City & State  
CHARLOTTE, NC

City & State

Zip  
28079

Country

MECKLENBURG

Zip

28211

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3011472

Applied For

Not Applicable

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

GONDHA, VITHAL  
1901 SOUTH ARBOR CITY BLVE.  
SUITE 715  
MELBOURNE FL 32901

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 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	PD GONDHA, VITHAL 3907 ETHEREDGE ST INDIAN TRAIL NC	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GONDHA, DHIRAJ 9725 CLIFTON MEADOW DR MATTHEWS NC 28105	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GONDHA, SHANTI 5603 CREFT CR INDIANTRAIL NC 28079	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GONDHA, PRAFUL 2112 TANFIELD DR. MATTHEWS NC	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GONDHA, JAYANT 1925 BRANDYWINE DR MATTHEWS NC 28015	<input type="checkbox"/> Delete
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE: Vithal D. Gondha  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-11-00 704-442-5758  
Date Daytime Phone #

CR2E034 (9/99)