## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## **FILED DOCUMENT # L91400** Mar 20, 2000 8:00 am 1. Entity Name **Secretary of State** INTERFACE DIMENSIONS, INC. 03-20-2000 90029 046 \*\*\*150.00 Principal Place of Business Mailing Address 3219 NW 57TH TERRACE 5840 N HWY 441 GAINESVILLE FL 32606-6941 OCALA FL 34475 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3021173 Not Applicable Zip \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BHUPENDRA, SHAH O Street Address (P.O. Box Number is Not Acceptable) 3219 NW 57TH TERRACE **GAINESVILLE FL 32606** 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, typed or printed name of registered agent and title if app\$cable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Change ■ Addition TITLE TITLE ☐ Delete NAME NAME SHAH, BHUPENDRA O STREET ADDRESS STREET ADDRESS 3219 N.W. 57TH TER CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL Addition Change ☐ Delete TITLE NAME SHAH, URVASHI B STREET ADDRESS STREET ADDRESS 3219 NW 57TH TER CITY-ST-ZIP CITY-ST-78 GAINESVILLE FL ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [7] Change Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [] Change ☐ Addition ☐ Delete TITI F TITLE NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

3-15-2000 Presidents

Daytime Phone #