

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000040914

1. Entity Name

DIMENSIONS COMMUNICATION AND DESIGN, INC.

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90006 019 ***150.00

Principal Place of Business

~~7544 WILES ROAD~~
~~SUITE 103~~
~~CORAL SPRINGS FL 33067-056~~
~~US~~

Mailing Address

~~7544 WILES RD~~
~~SUITE 103~~
~~CORAL SPRINGS FL 33067-056~~
~~US~~

2. Principal Place of Business

3. Mailing Address

DIMENSIONS COMMUNICATION
7522 Wiles Road

DIMENSIONS COMMUNICATION
7522 Wiles Road

City & State **Suite #B-108**
Coral Springs, FL 33067

City & State **Suite #B-108**
Coral Springs, FL 33067

Zip Country
USA

Zip Country
USA

4. FEI Number **65-0581377**

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

ROBIN, GAVIN **DIMENSIONS COMMUNICATION**
7544 WILES ROAD **7522 Wiles Road**
SUITE 103 **Suite #B-108**
CORAL SPRINGS FL 33067 **Coral Springs, FL 33067**

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 _____ (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, 2001 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	PVD ROBIN, GAVIN 23411 SERENE MEADOW DRIVE S BOCA RATON FL 33428	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ROBIN, MANDY 23411 SERENE MEADOW DRIVE S BOCA RATON FL 33428	<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"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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: 

GAVIN ROBIN

27 Feb 01

9543409555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)