

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000046904

1. Entity Name

WIRELESS DIMENSIONS, INC.

**FILED**  
Aug 28, 2000 8:00 am  
Secretary of State

08-28-2000 90061 028 \*\*\*158.75

Principal Place of Business

Mailing Address

284 N. WICKHAM RD.,

SAME

MELBOURNE, FL 32935

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

59-3516546

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

00082173

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAYMOND E. WASSER, III  
180 MAPLE DRIVE  
SATELLITE BEACH, FL  
32937

Name

JOHN CURRI

Street Address (P.O. Box Number is Not Acceptable)

284 N. WICKHAM RD.

City

MELBOURNE

FL

Zip Code

32935

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]*

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 PRES, VICE PRES.  
NAME JOHN CURRI  
STREET ADDRESS 284 N. WICKHAM RD.  
CITY-ST-ZIP MELBOURNE, FL 32935

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP

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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/23/2000

Date

321-242-6769

Daytime Phone #

CR2E034 (9/99)

Attachment  
P98000046904  
000 82 173

August 21, 2000

Uniform Business Report  
Division of Corporations  
Post Office Box 1500  
Tallahassee, FL 32302-1500

Subject: Uniform Business Report , Document # P98000046904,  
Wireless Dimensions, Inc.

Dear Sir/Madam:

I am hereby submitting the 2000 Uniform Business Report for Wireless Dimensions, Inc., Document # P98000046904. I have enclosed a check for \$158.75, \$150 for the annual fee and \$8.75 for a certificate of status. I am also requesting that penalties related to the late filing of this report be waived.

Due to a change of business location we did not receive the Uniform Business Report to file in a timely manner for 2000. We called the Department of State and requested blank reports which we have filled out with changes and enclosed. Due to the fact that this late filing was unintentional and corrective action was taken we are hereby requesting that any penalties related to this late filing be waived and the \$150 payment accepted.

Thank you for consideration of this matter.

Sincerely,



John Curri  
President, Wireless Dimensions, Inc.