

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90254 012 ***150.00

DOCUMENT # P99000079788

1. Entity Name
WIRELESS DIMENSIONS OF TAMPA, INC.

Principal Place of Business
**12237 K UNIVERSITY MALL
 TAMPA FL 33612**

Mailing Address
**12237 K UNIVERSITY MALL
 TAMPA FL 33612**

00011000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

335 Paradise

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#63

City & State

City & State

INDIANALANTIC FL

4. FEI Number **59-3597209**

Applied For

Not Applicable

Zip

Country

Zip

Country

32903

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

**GOVANTES, LUIS
 12237 K UNIVERSITY MALL
 TAMPA FL 33612**

Name **Govantes Luis**

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

335 Paradise Blvd #63

City **INDIANALANTIC FL**

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/11/00

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 **D** ☐ Delete
 NAME **CONNOR, JAMES C**
 STREET ADDRESS **914 DELANEY CIRCLE**
 CITY-ST-ZIP **BRANDON FL 33511**

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

TITLE **D** ☐ Delete
 NAME **GOVANTES, LUIS**
 STREET ADDRESS **27001 US HWY 19 NORTH, SUITE C-211**
 CITY-ST-ZIP **CLEARWATER FL 33761**

TITLE ☒ Change ☐ Addition
 NAME **Govantes Luis**
 STREET ADDRESS **335 Paradise Blvd #63**
 CITY-ST-ZIP **INDIANALANTIC FL 32903**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 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 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:

[Signature] **Treasurer**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/00
 Date

321-966-1136
 Daytime Phone #

CR2E034 (10/00)