2002 Uniform Business Report (UBR)

Mar 27, 2002 8:00 am § Secretary of State P94000041117 **DOCUMENT #** 1. Entity Name SPECTRO TECHNICAL SERVICES, INC. 03-27-2002 90010 046 ***158.75 Mailing Address Principal Place of Business 1274 SW MELROSE AVE 1274 SW MELROSE AVE PORT ST LUCIE FL 34953 PORT ST LUCIE FL 34953 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0571938 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent UTEVSKAYA, OLGA Street Address (P.O. Box Number is Not Acceptable) 1274 SW MELROSE AVE. PORT ST LUCIE FL 34953 City 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. OLGA UTEVSKAYA SIGNATURE ature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 🗠 Change ☐ Addition TITLE ☐ Delete TITLE UTEVSKAYA, OLGA NAME NAME STREET ADDRESS 1274 S.W. MELROSE AVENUE STREET ADDRESS PORT ST. LUCIE FL 34953 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME KARK, ANDREY STREET ADDRESS 1274 S.W. MELROSE AVENUE STREET ADDRESS CITY-ST-ZIP PORT ST. LUCIE FL 34953 CITY-ST-ZIP ☐ Change ☐ Addition __ Delete TITLE TITLE NAME KARK, GREGORY NAME STREET ADDRESS STREET ADDRESS 1274 SW. MELROSE AVENUE CITY-ST-ZIP PORT SAINT LUCIE FL 34953 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE: DIGH WIEVSWAYA

changed, or on an attachment with an address, with all other like empowered.

03/11/02 (561) 785-8957

FILED



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March 11, 2002

348655

Secretary of State Division of Corporations Post Office Box 6327 Tallahassee, Florida 32314

Re: SPECTRO Technical Services, Inc.
Document Number: P94000041117

Dear Sir or Madam:

This will serve to complete Block 4 as:

FEI Number: 65-0571938

Very truly yours, Olga Utevskaya

Director