

2002 UNIFORM BUSINESS REPORT (UBR)

0015932 AT

DOCUMENT # **A92000000010**

1. Entity Name

ABR SPECTRUM, LTD.

APPROVE
AND
FILED

02 APR 15 PM 12:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**900 WINDERLEY PLACE SUITE 100
MAITLAND FL 32751**

Mailing Address

**4102B QUIXOTE BLVD
TAMPA FL 33613**



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

6630 Rowan Road

Suite, Apt. #, etc.

City & State

New Port Richey FL

Zip

34653

Country

PASCO

DUE BY MAY 1, 2002

4. FEI Number

65-0364763

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SALVATORI, LEO J
4501 NORTH TAMiami TRAIL, SUITE 300
NAPLES FL 33940**

7. Name and Address of New Registered Agent

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

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

DATE

9. Capital Contributions as Shown on record.

\$1,920,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT # **F13509**
NAME **REED DEVELOPMENT COMPANY**
STREET ADDRESS **4102-B QUIXOTE BLVD.**
CITY-ST-ZIP **TAMPA FL 33613**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **6630 Rowan Road**
CITY-ST-ZIP **New Port Richey, FL 34653**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED

1/2/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)