

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90193 006 ***150.00

DOCUMENT # F99000005484

1. Entity Name
SPECTRUM INTEGRATED SERVICES, INC.



Principal Place of Business
**2140 MERRITT DRIVE
GARLAND TX 75041**

Mailing Address
**2140 MERRITT DRIVE
GARLAND TX 75041**

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 **65-2032278**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DECO
SIMS, JUDY O
2140 MERRITT DRIVE
GARLAND TX 75041** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DECO
KEITH R COOGAN
2140 MERRITT DRIVE
GARLAND TX 75041** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CFO
BROWN, JAMES W
2140 MERRITT DRIVE
GARLAND TX 75041** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CFO
GARY J. LOGIE
2140 MERRITT DRIVE
GARLAND TX 75041** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
COOGAN, KEITH R
2140 MERRITT DRIVE
GARLAND TX 75041** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSTD
ANDREW B NACE
2140 MERRITT DRIVE
GARLAND TX 75041** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSTD
GRAHAM, ROBERT D
2140 MERRITT DRIVE
GARLAND TX 75041** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSTD
ANDREW B NACE
2140 MERRITT DRIVE
GARLAND TX 75041** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Manager

Date

Daytime Phone #

4/21/03

CR2E034 (10/02)