

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G33851

1. Entity Name

SPECTRUM MARKETING, INC.

**FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90009 024 \*\*\*150.00

Principal Place of Business

6741 ORANGE DR.  
DAVIE FL 33314

Mailing Address

6741 ORANGE DR.  
DAVIE FL 33314-4105

2. Principal Place of Business

1320 GRIFFIN ROAD

Suite, Apt. #, etc.

SUITE 221

City & State

DAVIE, FL

Zip

33314

Country

BROWARD

3. Mailing Address

1320 GRIFFIN ROAD

Suite, Apt. #, etc.

SUITE 221

City & State

DAVIE, FL

Zip

33314

Country

BROWARD



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2300576

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SCHMIDT, GEORGE O., JR.  
11900 ASHFORD LANE  
DAVIE FL 33325

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/28/00

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, 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

TITLE	P	<input type="checkbox"/> Delete
NAME	SCHMIDT, GEORGE O., JR.	
STREET ADDRESS	11900 ASHFORD LANE	
CITY-ST-ZIP	DAVIE FL 33325	
TITLE	<del>VP</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>COGGIN, PAUL</del>	
STREET ADDRESS	<del>4970 SW 86TH AVE.</del>	
CITY-ST-ZIP	<del>COOPER CITY FL 33378</del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/00 954-583-2036

Date

Daytime Phone #

CR2E034 (9/99)