

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**  
 04-23-2001 90089 013 \*\*\*158.75

**DOCUMENT # G60168**

1. Entity Name  
**SPECTRAFAX CORP.**

Principal Place of Business

**3050 N HORSESHOE DR  
 STE 100  
 NAPLES FL 33942-7908  
 US**

Mailing Address

**3050 N HORSESHOE DR  
 STE 100  
 NAPLES FL 33942-7908  
 US**

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 **59-2412164**

Applied For  
 Not Applicable

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

**CONWELL, THOMAS J  
 4041 GULFSHORE BLVD  
 STE 709  
 NAPLES FL 33940**

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

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<b>PTC</b>									
	<b>CONWELL, THOMAS J.</b>									
	<b>4041 GULFSHORE BLV N.</b>									
	<b>NAPLES FL</b>									
	<b>T</b>									
	<b>EKELUND, ERIC</b>									
	<b>1810 LANGFORD LANE</b>									
	<b>NAPLES FL</b>									
	<b>S</b>									
	<b>KOOPMAN, VICKI L.</b>									
	<b>1036 SUMMERFIELD DRIVE</b>									
	<b>NAPLES FL</b>									

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

Date

Daytime Phone #

**1/8/01 941 613-8758**

CR2E034 (10/00)