FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Apr 02, 2001 8:00 am Secretary of State **DOCUMENT # J08029** SPECTRUM ENERGY, INC. 04-02-2001 90309 025 \*\*\*150.00 Principal Place of Business Mailing Address % WILLIAM S. JONASSEN 4156 PEPEPR HILL DR 10785 ULMERTON ROAD MONTGOMERY TE 77356 U4U420 LARGO FL 33778 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 59-2487712 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 77316 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JONASSEN, WILLIAM S. Street Address (P.O. Box Number is Not Acceptable) 10785 ULMERTON ROAD LARGO FL 33718 Zip Code City FL 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) 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE Delete TITLE WHITE, DAVID C. NAME NAME 126-29TH AVENUE NORTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST PETERSBURG FL CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE EGGLESTON, EDWARD R. NAME NAME 126-29TH AVENUE NORTH STREET ADDRESS STREET ADDRESS ST PETERSBURG FL CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition COLLINS, JAMES F. NAME NAME 126-29TH AVENUE NORTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST PETERSBURG FL CITY-ST-7IP TITLE Delete TITLE Change Addition NAME NAME A Party Property STREET ADDRESS STREET ADDRESS ĊĬŢŶŢŜŢŢŹĬP CITY-ST-7IP TITLE Delete ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITL F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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.

ME OF SIGNING OFFICER OR DIRECTOR