FILED

## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Feb 27, 2002 8:00 am **Secretary of State DOCUMENT #** J08029 1. Entity Name 02-27-2002 90069 036 \*\*\*150.00 SPECTRUM ENERGY, INC. Principal Place of Business Mailing Address % WILLIAM S. JONASSEN 4156 PEPEPR HILL DR 10785 ULMERTON ROAD MONTGOMERY TE 77358 **LARGO FL 33778** US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2487712 Not Applicable Zip 77 Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 316 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JONASSEN, WILLIAM S. Street Address (P.O. Box Number is Not Acceptable) 10785 ULMERTON ROAD **LARGO FL 33718** City Zin 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) 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, 2002 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CR2E034 (9/01) TITLE Delete TITLE Change Addition D۷ NAME WHITE, DAVID C. NAME STREET ADDRESS STREET ADDRESS 126-29TH AVENUE NORTH CITY-ST-7IP CITY-ST-7/P ST PETERSBURG FL TITLE ☐ Delete TITLE Change ☐ Addition DS NAME EGGLESTON, EDWARD R. NAME STREET ADDRESS STREET ADDRESS 126-29TH AVENUE NORTH CITY-ST-7IP CITY-ST-7IP ST PETERSBURG FL TITLE ☐ Delete TITLE Change Addition DP NAMÈ NAME COLLINS, JAMES F. STREET ADDRESS STREET ADDRESS 126-29TH AVENUE NORTH CITY-ST-7IP CITY-ST-7IP ST PETERSBURG FL Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP ☐ Delete TITI F Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

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