

2002 UNIFORM BUSINESS REPORT (UBR)

0004845

DOCUMENT # **LO1000002560**

1. Entity Name

SPECTRUM ENGINEERING SOLUTIONS, LLC

FILED
02 DEC 11 PM 12:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**1008 S. PARK AVENUE
SANFORD FL 32771**

Mailing Address

**1008 S. PARK AVENUE
SANFORD FL 32771**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1008 S. PARK AVENUE
Suite, Apt. #, etc.
#143U1**

3. Mailing Address

**P.O. Box 3704
Suite, Apt. #, etc.**

City & State
SANFORD, Florida

City & State
Albany New York

4. FEI Number
59-3694243

Applied For
Not Applicable

Zip
32771

Country
USA

Zip
12203

Country
USA

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**GRABLE, DOUGLAS L
130 N. HIGH STREET
LAKE MARY FL 32746**

DECEASED

7. Name and Address of New Registered Agent

Name **SEAN MILROY**
Street Address (P.O. Box Number is Not Acceptable)

**1008 S. PARK AVE, #143U1
City Sanford FL 32771**

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 **SEAN MILROY**

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

(NOTE: Registered Agent signature required when reinstating)

12/08/02
DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Department of State
Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER DOHN A. SIMS 17A COACHMAN SQ CLIFTON PARK, New York 12065	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **MANAGER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

12/08/02 518-221-4771

Date Daytime Phone #

CR2E083 (4/02)