

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2003 8:00 am**  
**Secretary of State**

02-13-2003 90022 015 \*\*\*\*50.00

**DOCUMENT # L02000019490**

1. Entity Name  
**SPECTRUM X, LLC**



Principal Place of Business  
**2716 ST. JOHNS AVENUE  
JACKSONVILLE FL 32205**

Mailing Address  
**2716 ST. JOHNS AVENUE  
JACKSONVILLE FL 32205**

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  
**47-0880450**

Applied For  
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BLANKENSHIP, KIMBERLY A ESQ.  
1300 MARSH LANDING PKWY  
108  
JACKSONVILLE BEACH FL 32250**

7. Name and Address of New Registered Agent

Name **Kimberly A. Blankenship, Esq.**

Street Address (P.O. Box Number is Not Acceptable)  
**2716 Riverside Avenue**

City **Jacksonville** **FL** Zip Code **32205**

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 **Kimberly A. Blankenship, Esq.**

02/05/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

Manager  
Kimberly A. Blankenship, Esq. ☐ Change ☒ Addition  
2716 Riverside Avenue  
Jacksonville, FL 32205

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

Manager  
J. Michael Wingard ☐ Change ☒ Addition  
2716 Riverside Avenue  
Jacksonville, FL 32205

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

Manager  
Thomas J. Pritchard ☐ Change ☒ Addition  
2716 Riverside Avenue  
Jacksonville, FL 32205

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

☐ Change ☐ 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: **Kimberly A. Blankenship, Esq.**

02/05/03

904/384-4484

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

Date

Daytime Phone #

CR2E083 (10/02)