

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000093333

FILED
Feb 15, 2002 8:00 AM
Secretary of State

Entity Name: SPECTRUM INTEGRATED COMPONENTS, INC.

Current Principal Place of Business:

5364 EHRLICH RD.
SUITE 4
TAMPA, FL 33624

New Principal Place of Business:

Current Mailing Address:

5364 EHRLICH RD.
SUITE 4
TAMPA, FL 33624

New Mailing Address:

FEI Number: 59-3745249 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEAN, MATTHEW J
5013 UMBER WAY SOUTH
TAMPA, FL 33624

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DEAN, MATTHEW J
Address: 5013 UMBER WAY SOUTH
City-St-Zip: TAMPA, FL 33624

Title: V () Delete
Name: SMITH, MARK W
Address: 5013 UMBER WAY SOUTH
City-St-Zip: TAMPA, FL 33624

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MATTHEW J DEAN

P

02/15/2002

Electronic Signature of Signing Officer or Director

_____ Date