

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90213 020 ***158.75

DOCUMENT # P02000121924

1. Entity Name

FULL SPECTRUM PROPERTY MAINTENANCE, INC.



Principal Place of Business
522 TERA PLANTATION LANE
DEBARY FL 32713

Mailing Address
522 TERA PLANTATION LANE
DEBARY FL 32713

2. Principal Place of Business

522 Tera Plantation Lane

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 530371

Suite, Apt. #, etc.

City & State

Debarry FL 32713

Zip

32713

Country

Volusia

City & State

Debarry FL

Zip

32753

Country

Volusia

4. FEI Number

8-3086159

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

PELOSO, MICHAEL
522 TERA PLANTATION LANE
DEBARY FL 32713

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Michael Peloso Michael Peloso, President/Treasurer/Registered Agent 02/20/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	President/Treasurer	<input type="checkbox"/> Delete
NAME	Michael Peloso	
STREET ADDRESS	522 Tera Plantation Lane	
CITY-ST-ZIP	Debarry FL 32713	
TITLE	Vice President/Secretary	<input type="checkbox"/> Delete
NAME	Keith Jones	
STREET ADDRESS	524 Tera Plantation Lane	
CITY-ST-ZIP	Debarry FL 32713	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael Peloso Michael Peloso
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/20/03

407-625-3040

Date

Daytime Phone #