

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P93000003131**

1. Entity Name

SPECTRUM CONSTRUCTION SERVICES, INC.**FILED**
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90271 015 ***150.00

Principal Place of Business

1191 E NEWPORT CNTR DR
STE 212
DEERFIELD BEACH FL 33442
US

Mailing Address

1191 E NEWPORT CNTR DR
STE 212
DEERFIELD BEACH FL 33442
US

00015636



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4302 Henderson Blvd.

Suite, Apt. #, etc.

Suite 200

City & State

Tampa, FL

Zip

33629

Country

US

3. Mailing Address

4302 Henderson Blvd.

Suite, Apt. #, etc.

Suite 200

City & State

Tampa, FL

Zip

33629

Country

US4. FEI Number **65-0401780**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

BROWN, SCOTT
1191 E NEWPORT CENTER DR
STE 212
DEERFIELD FL 33442

7. Name and Address of New Registered Agent

Name **Brown, Scott**

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

4302 Henderson Blvd**Suite 200**City **Tampa****FL**Zip Code **33629**

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.

Scott Brown

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BROWN, SCOTT	
STREET ADDRESS	21365 SWEETWATER LANE	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	BROWN, STACEY	
STREET ADDRESS	21365 SWEETWATER LANE	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brown, Scott	
STREET ADDRESS	464 Bosphorus Avenue	
CITY-ST-ZIP	Tampa, FL 33606	
TITLE	V/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Johnson, Terry	
STREET ADDRESS	1900 King Arthur Cr	
CITY-ST-ZIP	Maitland, FL 33776	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hayward, Chris	
STREET ADDRESS	7906 Bayshore Dr	
CITY-ST-ZIP	Seminole, FL 33776	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE:

Terry W. Johnson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/11/01

Daytime Phone #

813 253-0455

CR2E034 (10/00)