

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000048073

1. Entity Name

SPECTRUM AVIATION, INC.

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90048 044 \*\*\*150.00

Principal Place of Business

Mailing Address

1585 AVIATION CENTER PKY  
HANGAR 601  
DAYTONA BCH FL 32114  
US

1585 AVIATION CENTER PKWY  
HANGAR 601  
DAYTONA BCH FL 32114  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3252751

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAMPBELL, J A  
340 ZELDA BLVD  
SUITE 608  
DAYTONA BCH FL 32118

Name

CAMPBELL, J.A.

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

2317 CRESCENT RDG. RD.

City

DAYTONA BEACH

FL

Zip Code

32118

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.

(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, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Delete  
NAME HEDSTROM, D R  
STREET ADDRESS 340 ZELDA BLVD  
CITY-ST-ZIP DAYTONA BCH FL 32118

TITLE V/S ☐ Change ☒ Addition  
NAME MONIKA MAYR  
STREET ADDRESS 2317 CRESCENT RDG. RD  
CITY-ST-ZIP DAYTONA BEACH FL. 32118

TITLE D ☐ Delete  
NAME CAMPBELL, J A  
STREET ADDRESS 340 ZELDA BLVD  
CITY-ST-ZIP DAYTONA BCH FL 32118

TITLE P/T ☒ Change ☐ Addition  
NAME CAMPBELL, J A  
STREET ADDRESS 2317 CRESCENT RDG. RD.  
CITY-ST-ZIP DAYTONA BEACH FL. 32118

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*James Campbell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-11-00

Date

904-255-7506

Daytime Phone #

CFR2034 (9/99)