

DOCUMENT # P95000087090

1. Entity Name
SPECTRUM UNDERGROUND, INC.

Principal Place of Business
1204 60TH AVE
BRADENTON FL 34207-4160
US

Mailing Address
1204 60TH AVE
BRADENTON FL 34207-4160
US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

FILED
Jan 09, 2001 8:00 am
Secretary of State
01-09-2001 90001 012 ***158.75



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0669771**
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
MACKEY, PETER J
1402 3RD AVENUE W.
BRADENTON FL 34205

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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 State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> Delete
NAME	SUNQUIST, HARLAN R JR	
STREET ADDRESS	2822 UPTON STREET S.	
CITY-ST-ZIP	GULFPORT FL 33711	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SUNQUIST, PATRICIA	
STREET ADDRESS	121 TIDY ISLAND BLVD	
CITY-ST-ZIP	BRADENTON FL 34210	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SUNQUIST, HARLAN SR	
STREET ADDRESS	121 TIDY ISLAND BLVD	
CITY-ST-ZIP	BRADENTON FL 34210	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sunquist, Patricia	
STREET ADDRESS	6915 Superior Street Circle	
CITY-ST-ZIP	Sarasota, FL 34243	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sunquist, Harlan SR	
STREET ADDRESS	6915 Superior Street Circle	
CITY-ST-ZIP	Sarasota, FL 34243	
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		
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: Patricia Sunquist, Secy/Treas. 1-4-2001 941-751-0179
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)