

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 08, 2004 8:00 am
Secretary of State

01-08-2004 90047 032 ***150.00

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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

DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

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

MACKAY, PETER J.
1402 3RD AVENUE W.
BRADENTON, FL 34205

**DO NOT WRITE
IN THIS SPACE**

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

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SUNQUIST, HARLAN R JR
STREET ADDRESS 2641 TIFTON ST. S.
CITY-ST-ZIP GULFPORT, FL 33711

TITLE ST
NAME SUNQUIST, PATRICIA
STREET ADDRESS 985 SHILO RD.
CITY-ST-ZIP SARASOTA, FL 34240

TITLE VP
NAME SUNQUIST, HARLAN SR
STREET ADDRESS 985 SHILO RD.
CITY-ST-ZIP SARASOTA, FL 34240

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

Patricia A Sunquist Sec / Treas.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-2004

Date

941-751-0179

Daytime Phone #

PATRICIA A SUNQUIST