

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000020027

1. Entity Name
SPECTRUM PACKAGE SYSTEM, INC.

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90115 015 ***150.00

Principal Place of Business
2730 CLYDO RD
SUITE #8
JACKSONVILLE FL 32207
US

Mailing Address
2730 CLYDO RD
SUITE #8
JACKSONVILLE FL 32207
US

2. Principal Place of Business
2936 DAWN ROAD

3. Mailing Address
2936 DAWN ROAD

Suite, Apt. #, etc.

City & State
JACKSONVILLE FL

City & State
JACKSONVILLE FL

Zip Country
32207 US

Zip Country
32207 US

4. FEI Number 59-3369466

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BELIAKOFF, DAVID M
2730 CLYDO RD
STE 8
JACKSONVILLE FL 32207-7964

7. Name and Address of New Registered Agent

Name
BELIAKOFF, DAVID M

Street Address (P.O. Box Number is Not Acceptable)
2936 DAWN ROAD

City
JACKSONVILLE FL

Zip Code
32207

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 David M. Beliakoff DAVID M. BELIAKOFF PRESIDENT 1-21-01

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	PTD BELIAKOFF, DAVID M 2745 COVE VIEW DRIVE S JACKSONVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD BELIAKOFF, SANDRA L 2745 COVE VIEW DRIVE S JACKSONVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: David M. Beliakoff DAVID M. BELIAKOFF 1-21-01 904-443-7547

Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/00)