

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90838 021 \*\*\*150.00

**DOCUMENT # P96000048409**

**1. Entity Name**  
**SPECTRUM DX SERVICES, INC.**



**Principal Place of Business**  
**1071 PORT MALABAR BLVD**  
**SUITE 106**  
**PALM BAY FL 32905**  
**US**

**Mailing Address**  
**1071 PORT MALABAR BLVD**  
**SUITE 106**  
**PALM BAY FL 32905**  
**US**



**2. Principal Place of Business**  
**1920 S. BABCOCK ST**  
**Suite, Apt. #, etc.**

**3. Mailing Address**  
**1920 S. BABCOCK ST**  
**Suite, Apt. #, etc.**

☒ **CHECK HERE IF MAKING CHANGES**

**City & State**  
**MELBOURNE, FL**  
**Zip**  
**32901**  
**Country**  
**USA**

**City & State**  
**MELBOURNE, FL**  
**Zip**  
**32901**  
**Country**  
**USA**

**4. FEI Number**  
**59-3384362**

**Applied For**  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**KANCILIA, JOHN R**  
**1686 W HIBISCUS BLVD**  
**MELBOURNE FL 32901**

**7. Name and Address of New Registered Agent**

**Name**  
**MICHAEL H. KAHN**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**482 N. HARBOR CITY BLVD**  
**City**  
**MELBOURNE**  
**FL**  
**Zip Code**  
**32935**

**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** *Michael H. Kahn*  
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, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>PSD</b> <b>BROWN, ROBERT J</b> <b>3705 EAGLE WAY</b> <b>MELBOURNE FL 32934</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>VPTD</b> <b>O'NEAL - BROWN, ERIN</b> <b>3705 EAGLE WAY</b> <b>MELBOURNE FL 32934</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>TD</b> <b>MCKEE, BRENDA</b> <b>7817 MAPLEWOOD DRIVE, APT 610</b> <b>W MELBOURNE FL 32904</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

**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:** *[Signature]* **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/13/2003**  
Date

**321.722.0222**  
Daytime Phone #

CR2E034 (10/02)