

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000080920

1. Entity Name

SPECTRUM INTERNATIONAL MORTGAGE SERVICE, INC.

**FILED**  
**Feb 14, 2000 8:00 am**  
**Secretary of State**

02-14-2000 90041 013 \*\*\*150.00

Principal Place of Business

Mailing Address

445 DOUGLAS AVENUE  
SUITE 1805  
ALTAMONTE SPRINGS FL 32714  
US

445 DOUGLAS AVENUE  
SUITE 1805  
ALTAMONTE SPRINGS FL 32789-3314  
US

AAU2U000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2729 W. Fairbanks Ave

3. Mailing Address

2729 W. Fairbanks Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Winter Park FL

City & State

Winter Park, FL

4. FEI Number

59-3408374

Applied For

Not Applicable

Zip

32789

Country

US

Zip

32789

Country

US

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

WOODBURN, KIMBERLY M  
445 DOUGLAS AVENUE  
SUITE 1805  
ALTAMONTE SPRINGS FL 32714

Name

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

2729 W. Fairbanks Ave

City

Winter Park

FL

Zip Code

32789

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

*K.M. Woodburn*

K.M. Woodburn V. Pres.

2-7-00

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 NAME STREET ADDRESS CITY-ST-ZIP	D WOODBURN, BRUCE 2709 ALAMOSA COURT APOPKA FL 32703	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOODBURN, KIMBERLY 2709 ALAMOSA COURT APOPKA FL 32703	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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:

*K.M. Woodburn* K.M. Woodburn

2-7-00

407 8698830

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #