

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000090898

1. Entity Name  
SPECTRA MUSIC, INC.

**FILED**  
**Sep 20, 2000 8:00 am**  
**Secretary of State**

09-20-2000 90002 009 \*\*\*550.00

Principal Place of Business  
103 2nd Street  
Ruskin, Florida  
33570

Mailing Address  
103 2nd STREET  
RUSKIN, FLORIDA  
33570

2. Principal Place of Business  
9300 OVERSEAS HIGHWAY  
Suite, Apt. #, etc.

3. Mailing Address  
9300 OVERSEAS HIGHWAY  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
MARATHON, FLORIDA

City & State  
MARATHON, FLORIDA

Zip  
33050

Country  
USA

Zip  
33050

Country  
USA

4. FEI Number  
59-3489782

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
DAMON C. GLISSON  
5908 FORTUNE PLACE  
APOLLO BEACH, FLORIDA 33572

7. Name and Address of New Registered Agent  
Name  
GEOFFREY K. MOSHER, JR.  
Street Address (P.O. Box Number is Not Acceptable)  
140 SOUTH MAIN STREET  
City  
BROOKSVILLE FL Zip Code  
34601

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 Geoffrey K. Mosher, Jr. Geoffrey K. Mosher, Jr. 9/7/00  
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JANE S. CARTER 103 2nd STREET RUSKIN, FLORIDA 33570 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICKOLAS G. CARTER 103 2nd STREET RUSKIN, FLORIDA 33570 <input checked="" 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	D JANE S. CARTER 9300 OVERSEAS HIGHWAY MARATHON, FLORIDA 33050 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERT G. CARTER 9300 OVERSEAS HIGHWAY MARATHON, FLORIDA 33050 <input type="checkbox"/> Change <input checked="" 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)