FILED 2000 UNIFORM BUSINESS REPORT (UBR) Sep 20, 2000 8:00 am Secretary of State DOCUMENT # P97000090901 SPECTRA MANAGEMENT, INC 09-20-2000 90002 010 ***550.00 Principal Place of Business Mailing Address STREET 103 2M STREET BUSKIN, FLORIDA RUSKIN, PLORIDA D0087341 33570 Principal Place of Business 3. Mailing Address 9300 OVERSE 1300 OVER4 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For **JARATHON** HURIE HUDRIN -0870536 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DAMON C. GUSSON 5908 FORTUNE PLACE Street Address (P.O. Box Number is Not Acceptable) APOLLO BEACH, PLUBIDA 33572 MAIN SORFET Zip Code 3460 8. The above named entity & brits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Geoffras K. Masher Jr. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible with the intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and e fit to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees (See criteria on back) 功性。 Make Check Payable to Department of State CERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TIT! F Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change X Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST: ZIP TITLE Delete TITLE Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 emp

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR