

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 19, 2002 8:00 am
Secretary of State

03-19-2002 90028 006 ***150.00

DOCUMENT # P97000101904

1. Entity Name

CCI SPECTRUM INDUSTRIES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6525 GREENLAND ROAD

Suite, Apt. #, etc.

3. Mailing Address

P O BOX 24354

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE, FL 32258

City & State

JACKSONVILLE, FL 32241

4. FEI Number

65-0803935

Applied For

Not Applicable

Zip

32258

Country

DUVAL

Zip

32241

Country

DUVAL

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

7. Name and Address of Current Registered Agent

Name

JAMES M. HUME

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

6525 GREENLAND ROAD

City

JACKSONVILLE

FL

Zip Code
32258

**DO NOT WRITE
IN THIS SPACE**

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

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
DPST
HUME, JAMES M
2555 COUNTY ROAD 13A SOUTH
ELKTON, FL 32033

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
THIGPEN, GILBERT P
12676 DEL RIO DR
JACKSONVILLE, FL 32258

TITLE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES M HUME

3-5-02 904-268-4951

Date

Daytime Phone #