

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

DOCUMENT # **98000000539**

1. Entity Name **SPECTRUM 21 GROUP, INC.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4018 DEER LANE DR.

Suite, Apt. #, etc.

TALLAHASSEE, FL

City & State

Zip

32312

Country

USA

3. Mailing Address

1400 VILLAGE SQ BLDG #3

Suite, Apt. #, etc.

POB 191

City & State

TALLAHASSEE, FL

Zip

32312

Country

USA

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IN THIS SPACE**

4. FEI Number

59-3492262

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

KENNETH E. CANNON

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

4018 DEER LANE DR

City

TALLAHASSEE

FL

Zip Code

32312

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

Kenneth E. Cannon

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/29/02

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
**PD KENNETH E. CANNON
4018 DEER LANE DRIVE
TALLAHASSEE FL
32312**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**700005194577--5
-04/05/02--01022--008
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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:

Kenneth E. Cannon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/02 850-893-7896

Date

Daytime Phone #

CR2E034B (12/01)