

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P98000069935**

1. Entity Name

**REPEATER NETWORK SPECTRUM AQ., INC.****FILED**  
**Apr 17, 2001 8:00 am**  
**Secretary of State**

04-17-2001 90052 023 \*\*\*150.00

Principal Place of Business

**270 N CONVENT ST  
BOURBONNAIS IL 60914**

Mailing Address

**PO BOX 99  
BOURBONNAIS IL 60914**

2. Principal Place of Business

3. Mailing Address

**P.O.Box 410**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

**City & State  
Bourbonnais, IL**4. FEI Number **36-4243468**

Applied For

Not Applicable

Zip

Country

**Zip  
60914****Country  
USA**5. Certificate of Status Desired ☐**\$8.75 Additional  
Fees Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MORTELL, EDWIN E III  
400 FLAMINGO AVE  
STUART FL 34996**

Name

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

City

**FL**

Zip Code

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) ☐**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>PSTD FITZGERALD, HARRY PO BOX 99, 270 N. CONVENT ST BOURBONNAIS IL 60914</b>			
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<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

4/3/01 815-937-1273

Date

Daytime Phone #

CR2E034 (10/00)