

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000085747

1. Entity Name

SPECTRUM ASSETS, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90101 007 ***150.00

Principal Place of Business

1515 N. FEDERAL HIGHWAY
SUITE 300
BOCA RATON FL 33432

Mailing Address

1515 N. FEDERAL HIGHWAY
SUITE 300
BOCA RATON FL 33432-1994

2. Principal Place of Business

4401 N. FEDERAL HIGHWAY
SUITE 203
BOCA RATON, FL
33431 USA

3. Mailing Address

4401 N. FEDERAL HIGHWAY
SUITE 203
BOCA RATON, FL
33431 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0874748

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHOLERTON, CLIVE
1515 N. FEDERAL HIGHWAY
SUITE 300
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name

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

4401 N. FEDERAL HIGHWAY
SUITE 203

City BOCA RATON

FL

Zip Code 33431

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

CLIVE CHOLERTON

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/19/2000

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 D
NAME CHOLERTON, CLIVE
STREET ADDRESS 1515 N. FEDERAL HIGHWAY, SUITE 300
CITY-ST-ZIP BOCA RATON FL 33432 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P, D, S, T ☒ Change ☐ Addition
NAME
STREET ADDRESS 4401 N. FEDERAL HWY, STE 203
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE V, D ☐ Change ☒ Addition
NAME ST. JOHN, MICHAEL J.
STREET ADDRESS 4401 N. FEDERAL HWY, STE 203
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE V, D ☐ Change ☒ Addition
NAME LANDON, JAMES C.
STREET ADDRESS 4401 N. FEDERAL HWY, STE 203
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 information.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT 4/19/2000

Date

Daytime Phone #

561-347-6662

CR20004 (0/00)