

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000016192**

1. Entity Name -

SPECTRUM GLOBAL ENTERPRISES, INC.**FILED****Mar 14, 2001 8:00 am**
Secretary of State

03-14-2001 90496 028 ***150.00

Principal Place of Business

**3609 FT. PEYTON CIRCLE
ST. AUGUSTINE FL 32086**

Mailing Address

**3609 FT. PEYTON CIRCLE
ST. AUGUSTINE FL 32086**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3494011**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOLDEEN, WILLIAM B
3609 FT. PEYTON CIRCLE
ST. AUGUSTINE FL 32086**

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 |
|-------|--------------------|----------------------|--------------------------|---------------------------------|
| P | HOLDEEN, WILLIAM B | 3609 FORT PEYTON CR. | SAINT AUGUSTINE FL 32086 | <input type="checkbox"/> CR |
| C | LACCURGE, STEVE J | 3303 SAUDELLER CT | SAINT AUGUSTINE FL 32095 | <input type="checkbox"/> Delete |
| D | LACCURGE, DANIEL | 3308 SANDELLER CT | SAINT AUGUSTINE FL 32095 | <input type="checkbox"/> Delete |
| | | | | <input type="checkbox"/> Delete |
| | | | | <input type="checkbox"/> Delete |
| | | | | <input type="checkbox"/> Delete |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|--------------------|----------------------|-------------------------|--|-----------------------------------|
| P | HOLDEEN, WILLIAM B | 3609 Fort Peyton CR. | St. Augustine, FL 32086 | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| C | Lacourse, Steve J | 3303 Sanddollar Ct. | | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| D | Lacourse Daniel | 3303 Sanddollar Ct. | | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| | | | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| | | | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| | | | | <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

Date

Daytime Phone #

904-797-4594

CR2E034 (10/00)