

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 06, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000062729**1. Entity Name
SPECTRUM CHOICE, INC.

Principal Place of Business

5018 BARROWE DRIVE

TAMPA
336242593

FL

Mailing Address

5018 BARROWE DRIVE

TAMPA
336242593

FL

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

59-3585684

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WEST JOHN
5018 BARROWE DRIVETAMPA
336242593

FL

7. Name and Address of New Registered Agent

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 _____ 01/06/2001

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	VTD	☐ Delete
NAME	WEST MATTHEW	
STREET ADDRESS	5018 BARROWE DRIVE	
CITY-ST-ZIP	TAMPA FL 336242593	
TITLE	PSD	☐ Delete
NAME	WEST JOHN	
STREET ADDRESS	5018 BARROWE DRIVE	
CITY-ST-ZIP	TAMPA FL 336242593	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VTD	☒ Change ☐ Addition
NAME	WEST MATTHEW J	
STREET ADDRESS	5018 BARROWE DRIVE	
CITY-ST-ZIP	TAMPA FL 336242593	
TITLE	PSD	☒ Change ☐ Addition
NAME	WEST JOHN M	
STREET ADDRESS	5018 BARROWE DRIVE	
CITY-ST-ZIP	TAMPA FL 336242593	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: MATTHEW J WEST

VTD

01/06/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)