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

DOCUMENT# P99000067968

1. Entity Name

SPECTRUM AUTO BROKERS, INC.



FILED Apr 16, 2004 8:00 am Secretary of State 04-16-2004 90085 011 ***150.00

2. Principal Place of Business 3. Mailing Address 218 Jupiter St. P.O. Box 7521		
Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE		
Inditer FL Inditer FL 65_0038737	Applied For Not Applicable	
Zip Country Zip Country 33458 USA Signal Country USA Country 5. Certificate of Status Desired Fee Require		
7. Name and Address of Current Registered Agent	7. Name and Address of Current Registered Agent Name	
DO NOT WOITE Wolski, George	Wolski, George	
DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) 218 Jupiter Street	Street Address (P.O. Box Number is Not Acceptable) 218 Jupiter Street	
IN THIS SPACE		
City Jupiter FL Zip Cg	93458	
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. I am familiar with,	and accept	
the obligations of registered agent.		
SIGNATURE		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE January 1 - May 1 Fee Is \$150.00		
After May 1, Fee is \$550.00 9. Election Campaign Financing \$5,0	00 May Be	
Amended UBR is \$61.25 Make Check Payable to Florida Department of State Trust Fund Contribution. Adde	ed to Fees	
10. OFFICERS AND DIRECTORS	Construction of the second	
TITLE P TITLE	and the state of t	
NAME Wolski, George NAME STREET ADDRESS 218 Jupiter St. STREET ADDRESS		
CITY-ST-ZIP Jupiter, FL 33458		
me Inte		
NAME NAME	High all dias	
STREET ADDRESS STREET ADDRESS		
CITY-ST-ZIP CITY-ST:ZIP		
TITLE		
NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS		
CITY-ST-ZIP DO NOT WRITE	And the second	
	12449	
NAME IN THIS SPACE	ay baya	
STREET ADDRESS STREET ADDRESS		
CITY-ST-ZIP CITY-ST-ZIP		
TITLE NAME NAME		
STREET ADDRESS STREET ADDRESS		
CITY-ST-ZIP CITY-ST-ZIP		
TITLE TITLE	S Carlo Marie	
NAME NAME		
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP		
12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #