

2000 UNIFORM BUSINESS REPORT (UBR)

4/12

FILED

May 16, 2000 8:00 am
Secretary of State

04-12-2000 90021 008 ***150.00

DOCUMENT # P99000103224

1. Entity Name

SPECTRUM SOFTWARE, INC.

Principal Place of Business

Mailing Address

~~2730 G US 1 SOUTH~~
ST. AUGUSTINE FL 32086

~~2730 G US 1 SOUTH~~
ST. AUGUSTINE FL 32086

5272 Timucua Circle
St. Augustine FL 32086

3. Mailing Address

Same
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

USA

Zip

Country

4. FEI Number

59-3613540

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

MONTORO, JOE

~~2730 G US 1 SOUTH~~
ST. AUGUSTINE FL 32086

Name

Street Address

City

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

J. Montoro

(NOTE: Registered Agent signature required when reinstating)

DATE

4-1-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME President
STREET ADDRESS Joe Montoro
CITY-ST-ZIP 5272 TIMUCUA CIR
St. Augustine FL 32086

TITLE ☒ Change ☐ Addition
NAME President, Joe Montoro
STREET ADDRESS 5272 Timucua Circle
CITY-ST-ZIP St. Augustine FL 32086

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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

J. Montoro J. Montoro

2-14-00

Date

904-7976600

Daytime Phone #

CR2E034 (9/99)