

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S18969

1. Entity Name

SPECTRUM FINANCIAL RESOURCES, INC.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90018 043 ***150.00

Principal Place of Business

2081 N. PONTE ALEXIS DRIVE
SUITE F
TARPON SPRINGS FL 34689
US

Mailing Address

P.O. BOX 159
TARPON SPRINGS FL 34688-0159
US

2. Principal Place of Business

3. Mailing Address

3415 W. CYPRESS ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 112

City & State

City & State

Tampa FL

Zip

Country

Zip

Country

33607

US

4. FEI Number

59-3078615

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

ZAVODNY, R. JOHN

~~2081 N. PONTE ALEXIS DR~~
~~TARPON SPRINGS FL 34689~~

Name

ZAVODNY, R. JOHN

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

3415 W. CYPRESS ST.

City

Tampa

FL

Suite 112

Zip Code

33607

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

4/28/00

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	PSD	<input type="checkbox"/> Delete
NAME	ZAVODNY, R. JOHN	
STREET ADDRESS	2081 N. PONTE ALEXIS	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3415 W. CYPRESS ST.	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 an officer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature]
NOT REQUIRED

4/28/00

873-348-4846