

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90113 004 ***150.00

DOCUMENT # S18969

1. Entity Name
SPECTRUM FINANCIAL RESOURCES, INC.

Principal Place of Business

3415 W CYPRESS ST
STE 112
TAMPA FL 33607
US

Mailing Address

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

2. Principal Place of Business

3455 Countryside Blvd

3. Mailing Address

SAFIE

Suite, Apt. #, etc.

78

Suite, Apt. #, etc.

SAFIE

City & State

Clearwater FL

City & State

SAFIE

Zip

33761

Country

Zip

SAFIE

Country

SAFIE

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

ZAVODNY, R. JOHN

3415 W CYPRESS ST

STE 112

TAMPA FL 33607

7. Name and Address of New Registered Agent

Name

R. John Zavodny

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

3455 Countryside Blvd #78

City

Clearwater

FL

Zip Code

33761

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, 2002 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

TITLE **PSD** ☐ Delete
NAME **ZAVODNY, R. JOHN**
STREET ADDRESS **3455 Countryside Blvd**
CITY-ST-ZIP **Clearwater FL 33761**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME **R. John Zavodny**
STREET ADDRESS **3455 Countryside Blvd #78**
CITY-ST-ZIP **Clearwater FL 33761**

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

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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)