

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91385 022 ***150.00

DOCUMENT # S18969

1. Entity Name
SPECTRUM FINANCIAL RESOURCES, INC.



Principal Place of Business
~~3455 COUNTRYSIDE BLVD~~
~~#78~~
CLEARWATER FL 33761
US

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



2. Principal Place of Business
5157 SILENT LOOP

3. Mailing Address

Suite, Apt. #, etc.
212

Suite, Apt. #, etc.

City & State
NEW Port Richey FL

City & State

Zip
34652

Country
US

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

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

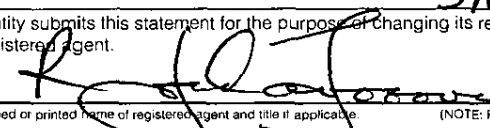
ZAVODNY, R. JOHN
3455 COUNTRYSIDE BLVD #78
CLEARWATER FL 33761

5157 SILENT LOOP # 212
NEW Port Richey FL
34652

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

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. 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 **4/27/03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
ZAVODNY, R. JOHN
3455 COUNTRYSIDE BLVD #78
CLEARWATER FL 33761

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SAME
5157 SILENT LOOP # 212
NEW Port Richey FL 34652

TITLE
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/03 **727-942-8338**

0587556 AV

CR2E034 (10/02)