

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S93133

1. Entity Name

COMMSPECTRUM, INC.

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90001 043 ***150.00

Principal Place of Business

~~2263 SW 2ND AVE
STE 202
BOCA RATON FL 33431
US~~

Mailing Address

~~2263 SW 2ND AVE
STE 202
BOCA RATON FL 33431-7401
US~~

2. Principal Place of Business

~~634 NE 7TH AVE~~
Suite, Apt. #, etc.

3. Mailing Address

~~634 NE 7TH AVE~~
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

~~Boynton Beach, FL~~

City & State

~~Boynton Beach, FL~~

4. FEI Number

65-0300893

Applied For

Not Applicable

Zip
~~33435~~

Country
~~USA~~

Zip
~~33435~~

Country
~~USA~~

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~DEIERLEIN, VICKI
3918 VIA FOINGIANA
STE 9
LAKE WORTH FL 33467~~

7. Name and Address of New Registered Agent

Name
James J. Donovan CPA PA
Street Address (P.O. Box Number is Not Acceptable)
3830 Jog Rd.
City
Lake Worth FL Zip Code
33467

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

30 Mar '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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAMBRECHT, FRANK 634 NE 7TH AVE BOYNTON BEACH FL 33435	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

30 MAR '00 733-5249

CR2E034 (9/99)