

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V11311

1. Entity Name
SPECTRUM SYSTEM TECHNOLOGIES, INC.

Principal Place of Business
3907 NORTHAMPTON WAY
TAMPA FL 33607

Mailing Address
3907 NORTHAMPTON WAY
TAMPA FL 33607

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3104104

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

HALEY, STEPHEN C.

2701 ROCKY POINTE DRIVE
TAMPA FL 33607

Name

David H. Williams

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

3907 Northampton Way

City

Tampa

FL

Zip Code

33624

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

2/9/02

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	D	HALEY, STEVE	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		1435 LAKESHORE OVERLOOK	
CITY-ST-ZIP		ALPHARETTA GA 30005	
TITLE	D	WILLMS, DAVE	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		3907 NORTHAMPTON WAY	
CITY-ST-ZIP		TAMPA 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			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	HALEY, STEVE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS		3296 N.W. 62nd St	
CITY-ST-ZIP		BOCA RATON, FL 33496	
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			
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/02 (813) 265-8274

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)