

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90068 033 ***150.00

DOCUMENT # **V57041** ✓

1. Entity Name

Spectrum Partners, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1625 SW 1st Way

3. Mailing Address

1907 NE 5th Street

Suite, Apt. #, etc.

C-17

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Deerfield Beach, FL

City & State

Deerfield Bch, FL

4. FEI Number

65-0355701

Applied For

Not Applicable

Zip

33441

Country

Broward

Zip

33441

Country

Broward

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

David Robbins

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

1907 NE 5th Street

City

Deerfield Beach, FL

Zip Code

33441

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 **President**
NAME **David Robbins**
STREET ADDRESS **1907 NE 5th Street**
CITY-ST-ZIP **Deerfield Bch, FL 33441**

TITLE **Secretary**
NAME **Evonhia S. Carras**
STREET ADDRESS **1907 NE 5th Street**
CITY-ST-ZIP **Deerfield Beach FL 33441**

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-2002

Date

(904) 425-8260

Daytime Phone #

CR2E034B (12/01)