2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

573948 **DOCUMENT #**

1. Entity Name

SPRAGUE AND JESKE, P.A.



FILED Jan 13, 2003 8:00 am Secretary of State 01-13-2003 90417 045 ***150.00

Sullio, Apt. #. etc. City & State City & Ci	Principal Plat 1904 E. BUSC TAMPA FL 33		Mailing Address 1904 E. BUSCH BLVD. TAMPA FL 33612			
City & State City & State Officers (PO. Box Number is Not Acceptable) Sprague, PATRICK F. Sprague, PATRICK F. Sprague, PATRICK F. Somet Address (PO. Box Number is Not Acceptable) City FL Zip Code City	2. Principal Place of Business		3. Mailing Address			
The above named entity submits this stratement for the purpose of changing its registered agent, or both, in the State of Fonds, I am familiar with, and accept they obligations of registered agent, or both, in the State of Fonds, I am familiar with, and accept they obligations of registered agent, or both, in the State of Fonds, I am familiar with, and accept they obligations of registered agent, or both, in the State of Fonds, I am familiar with, and accept they obligations of registered agent, or both, in the State of Fonds, I am familiar with, and accept they obligations of registered agent, or both, in the State of Fonds, I am familiar with, and accept they obligations of registered agent, or both, in the State of Fonds, I am familiar with, and accept they obligations of registered agent, or both, in the State of Fonds, I am familiar with, and accept they obligations of registered agent, or both, in the State of Fonds, I am familiar with, and accept they obligations of registered agent, or both, in the State of Fonds, I am familiar with, and accept they obligations of registered agent, or both, in the State of Fonds, I am familiar with, and accept they obligations of registered agent, or both, in the State of Fonds, I am familiar with, and accept they obligated agent agen	Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES	
Zip Country Zip Country Zip Country Se. Certificate of Status Deered Se. 75 Additional Fee Required Se. 75 Additional Fee Required Se. Regulated Se. Reg	City & State		City & State		1 19-182091b	
SPRAGUE, PATRICK F. 1904 E. BUSCH BLVD. TAMPA FL 33612 6. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am farm liar with, and access the obligations of registered agent agent and title displicable. 7. Signature. Typical or procedural agent and title displicable. 7. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 19. Election Campaign Financing 5. STD 7. STD 7. STD 7. STD 8. PRAGUE, PATRICK F. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 19. Election Campaign Financing 7. STD 7. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 19. Election Campaign Financing 7. STD 7. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 19. Election Campaign Financing	Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional	
SPRAGUE, PATRICK F. 1904 E. BUSCH BLVD. TAMPA FL 33612 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. 9. City FL 210 Colv 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 and rife it approach. 9. Election Campaign Financing Storage will be \$55.00 May Be Added to Feed May 1, 2003 Fee will be		6. Name and Address of Current	Registered Agent		·	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Significant Signific	1904 E. B	BUSCH BLVD.			ss (P.O. Box Number is Not Acceptable)	
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 accent the obligations of registered agent. SIGNATURE				City	Zip Code	
Signature, New Control name of preference agent and roll of any pillowing in Sprant in growther removating in Charge Sprant in May 1, 2003 Fee will be \$550.00 May Be Added to Fees	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.					
After May 1, 2003 Fee will be \$550.00 May Be Added to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGESTO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STRET						
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12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information	NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	

indicated on this report or supplemental countries 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 an other like empowered.

SIGNATURE: