## **2003 FOR PROFIT CORPORATION**

## UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 1. Entity Name

SPROUTY, INC.

P02000045425



## **FILED** May 07, 2003 8:00 am Secretary of State 05-07-2003 90147 005 \*\*\*150.00

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Principal Place of Business		Mailing Address 1940 MID OCEAN CIRCLE			· · · · · · · · · · · · · · · · · · ·	
SARASOTA FL 34239 SARASOTA FL 34239						
2. Principal Place of Business 3		3. Mailing Address		-	-0141 00111 B1881 01161 01818 11031 0311 3501	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 68-056/	629 Applied For Not Applicable	
Zip · · · ·	Constan	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
PROUTY, STEVEN W 1205 MANATEE AVENU		stered Agent	NameStreet Address (	7. Name and Address of New Reg	istered Agent	
BRADENTON FL 34205			City		FL Zip Code	
the obligations of register		Pents			da. I am familiar with, and accept	
	FEE IS \$150.00 Fee will be \$550.00 Florida Department of Sta	ite		9. Election Campaign Finar Trust Fund Contribution.	noing \$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRE		11,	ADDITIONS/CHANGES TO OFFIC		
TITLE NAME SIBLET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS	resident tacy Prouty 40 Mid Ocean Cir. a rasetu, Fc 34239	☐ Change 🔀 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE UIC NAME STREET ADDRESS (9	te President reven Prouty 40 Mid Ocean Cir marts, Fi 34239	☐ Change 🔼 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	A STATE OF THE PARTY OF THE PAR	☐ Delete	NAME STREET ADDRESS	cretary/Treasurer cyfrody bacon Cir caresotu, F23423	☐ Change → Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
12. I hereby certify that the in	nformation supplied with this	filing does not qualify for t	he exemption stated in Se	ection 119.07(3)(i), Florida Statutes. I fu	irther 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: