2001 UNIFORM BUSINESS REPORT (UBR) FILED May 12, 2001 8:00 am Secretary of State DOCUMENT # P96000089012 SPARMARK, INC 05-12-2001 90034 028 \*\*\*150.00 Principal Place of Business Mailing Address ±≰x± 1981 Tindaro Dr. 1981 Tindaro Dr Apopka, F1 32703 Apopka, F1 32703-1565 C0062923 2. Principal Place of Business 3. Mailing Address 220 Park Lane West 220 Park Lane West Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Lake Alfred, Not Applicable <u>Lake Alfred</u> <u>59-3411148 </u> Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 33580 Polk: <u>33580</u> Po1k 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Sparlin L. Brown Jones, Mark A Street Address (P.O. Box Number is Not Acceptable) 1981 Tindaro Dr Apopka, F1 32703 Lake Alfred <sup>Zig</sup> 33580 8. The above named entity submits this statement for the purpose of changing its registered office or registered agest, or both, in the State of Florida. DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. X Addition ☐ Change TITLE XIX Delete **B**resident President Sparlin L. Brown NAME STREET ADDRESS STREET ADDRESS ionemes Jones Mark A 220 Park Lane West CİTY-ST-ZIP CITY-ST-7IP 1981 Tindaro Dr Lake Alfred, Fl 33580 ☐ Change Addition ☐ Delete TITLE Apopka, FL 32703 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE Delete TITLE Change Addition NAME NAME ... STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 contrasted 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