2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 280590 1. Entity Name SPARGO ENTERPRISES, INC.						Mar 23, 2001 8:00 am Secretary of State 03-23-2001 90026 050 ***150.00		
Principal Place of Business 1559-MaiDENCANE LOOP OVIEDO-FL 32783 US			Mailing Address 1569 MAIDENCAME TOOP CWEDO PL 32765* US			C0037251 DO NOT WRITE IN THIS SPACE		
2. Principal Place of Business /3237 Heather Mass DR Suite, Apt. #, etc. # 1019			3. Mailing Address /3231 HENTHER Mass DR Suite, Apl. #, etc. # 1019		R			
City & State ORLANDO FL			City & State ORLANDO FL		4. f	FEI Number 59-1039187	<u> </u>	plied For at Applicable
3283		Country //5A	32837	Country U.S.A	5. (\$8.75 Add	
	6. Name	and Address of Curren	t Registered Agent	Name	7. I	Name and Address of New Registered A	gent	
	O FL 3276		1 Heather Moss 19 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10		istered ag	FL ent, or both, in the State of Florida.	Zip Code	9
9. This corpora	ation is eligi quirement a	or printed name of registered ager ble to satisfy its Intangib and elects to do so.	FILE NOW	TE: Registered Agent signature rec 7!!! FEE IS \$150.00 001 Fee will be \$550.0 able to Department of	00 State	Election Campaign Financing Trust Fund Contribution.	Added	0 May Be to Fees
11.	D	OFFICERS AND		12.	AD	DITIONS/CHANGES TO OFFICERS AND		
NAME STREET ADDRESS	SPARGO,	ENCANE LOOP #	□ Delete 81 Heather Moss (1019 LANOO FL 3283)	STREET ADDRESS			☐ Change	Addition
TITLE NAME STREET ADDRESS	TS SPARGO,	DIANE J /323	Delete 7 Heather Mass D	NAME STREET ADDRESS			Change	Addition
STREET ADDRESS .	D SPARGO, 1553 MAIE OVIEDO FI	ILNUANL LU UP 4	ANDO FL 32837 Delete Planter More D F 1019 ANDO FL 3283	STREET ADDRESS			☐ 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-7IP			Change	Addition

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 OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

CR2E034 (10/00)