

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 607263

1. Entity Name

SPARSUPCO, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90086 027 ***150.00

Principal Place of Business

Mailing Address

201 S BENEVA RD
SARASOTA FL 34232
US

46 N. WASHINGTON BLVD. #1
SARASOTA FL 34236-5932

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1880809

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

O'BRIEN, PATRICK M.
201 S BENEVA RD
SARASOTA FL 34232

Name

PATTERSON, JOHN

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

46 N. WASHINGTON BLVD., #1

SUITE 1

City

SARASOTA

FL

Zip Code

34236

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 any

(NOTE: Registered Agent signature required when reinstating)

DATE

2/14/00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
O'BRIEN, PATRICK M.
1755 DESOTO ROAD
SARASOTA FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ 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 OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICK M. O'BRIEN, President

2.21.00

Date

Daytime Phone #

(941) 365-5350

CR2E034 (9/99)