

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 848055

1. Entity Name
TREVOR P. SPRAKE, INC.

Principal Place of Business
TREVOR P. SPRAKE, INC.
6 EDGEBROOK LANE
ARMONT, N.Y 10952

Mailing Address
TREVOR P. SPRAKE, INC.
6 EDGEBROOK LANE
ARMONT, N.Y 10952

FILED
Feb 22, 2000 8:00 am
Secretary of State
02-22-2000 90055 028 ***150.00

80024023

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip
Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Number
14-1623438

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
TREVOR P. SPRAKE, INC.
2489 LOB LOLLY LANE
DEERFIELD BEACH,
FLORIDA, 33442

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

5. 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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
PRESIDENT TREVOR P. SPRAKE 2489 LOB LOLLY LANE DEERFIELD BEACH, FL. 33442 Delete <input type="checkbox"/>	Delete <input type="checkbox"/>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	
VICE PRESIDENT JOYCE E. SPRAKE 2489 LOB LOLLY LANE DEERFIELD BEACH, FL. 33442 Delete <input type="checkbox"/>	Delete <input type="checkbox"/>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	
TREASURER JOHN H. SPRAKE 6 EDGEBROOK LANE ARMONT, N.Y 10952 Delete <input type="checkbox"/>	Delete <input type="checkbox"/>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	
SECRETARY KAREN A. LUNEBURG 10101 SW 53RD AVENUE MIAMI, FL. 33156 Delete <input type="checkbox"/>	Delete <input type="checkbox"/>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	
	Delete <input type="checkbox"/>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	
	Delete <input type="checkbox"/>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	

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: *T. Sprake* (TREVOR P. SPRAKE, PRESIDENT) 2/11/2000 954 419 9961
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)