

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 848055

1. Entity Name

TREVOR P. SPRAKE, INC.

FILED

Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90029 049 ***150.00

Principal Place of Business

6 EDGEBROOK LN
AIRMONT NY 10952
US

Mailing Address

6 EDGEBROOK LN
AIRMONT NY 10952
US

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 14-1623438

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPRAKE, TREVOR P. (INC.)
2489 LOB LOLLY LANE
DEERFIELD BEACH FL 33442

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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

TITLE	P	<input type="checkbox"/> Delete
NAME	SPRAKE, TREVOR P.	
STREET ADDRESS	10101 SW 33RD AVE	
CITY-ST-ZIP	MIAMI FL 33156-340	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SPRAKE, JOYCE E.	
STREET ADDRESS	10101 SW 33RD AVE	
CITY-ST-ZIP	MIAMI FL 33156-340	
TITLE	T	<input type="checkbox"/> Delete
NAME	SPRAKE, JOHN H	
STREET ADDRESS	6 EDGEBROOK LANE	
CITY-ST-ZIP	AIRMONT NY 10952	
TITLE	S	<input type="checkbox"/> Delete
NAME	SPRAKE, KAREN A	
STREET ADDRESS	10101 SW 33RD AVE	
CITY-ST-ZIP	MIAMI FL 33156-340	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	2489 LOB LOLLY LANE
CITY-ST-ZIP	Deerfield Beach, FL 33442
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	2489 LOB LOLLY LANE
CITY-ST-ZIP	Deerfield Beach, FL 33442
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	2489 LOB LOLLY LANE
CITY-ST-ZIP	Deerfield Beach, FL 33442
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 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) 1/13/2001 954 419 9961

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)