

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State
 02-13-2002 90213 034 ***150.00

0618780 AT

DOCUMENT # 848055

1. Entity Name
TREVOR P. SPRAKE, INC.

Principal Place of Business

**6 EDGEBROOK LN
 AIRMONT NY 10952
 US**

Mailing Address

**6 EDGEBROOK LN
 AIRMONT NY 10952
 US**

B0023768



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1769 SW WILLOWBEND LN
 Suite, Apt. #, etc.**

3. Mailing Address

**1769 SW WILLOWBEND LN
 Suite, Apt. #, etc.**

City & State

PALM CITY

City & State

PALM CITY

4. FEI Number

14-1623438

Applied For

Not Applicable

Zip

FL 34990

Country

U.S.A

Zip

FL 34990

Country

U.S.A

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~~ 1769 SW WILLOWBEND LANE
~~DEERFIELD BEACH FL 33442~~ PALM CITY, FL 34990**

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] (PRES.)**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/28/02

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, 2002 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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SPRAKE, TREVOR P.	
STREET ADDRESS	2489 LOB LOLLY LANE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SPRAKE, JOYCE E.	
STREET ADDRESS	2489 LOB LOLLY LANE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	T	<input type="checkbox"/> Delete
NAME	SPRAKE, JOHN H	
STREET ADDRESS	6 EDGEBROOK LANE	
CITY-ST-ZIP	AIRMONT NY 10952	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SPRAKE, KAREN A	
STREET ADDRESS	2489 LOB LOLLY LANE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPRAKE, TREVOR P.	
STREET ADDRESS	1769 SW WILLOWBEND LANE	
CITY-ST-ZIP	PALM CITY, FL 34990	
TITLE	VP.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPRAKE, JOYCE E.	
STREET ADDRESS	1769 SW WILLOWBEND LANE	
CITY-ST-ZIP	PALM CITY, FL 34990	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPRAKE KAREN A.	
STREET ADDRESS	1769 SW WILLOWBEND LANE	
CITY-ST-ZIP	PALM CITY, FL 34990	
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:

SIGNATURE OF TREVOR P. SPRAKE PRES. 1/28/02 561 287 1099

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)