

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

04-21-2003 90307 004 ***150.00

FILED F00000006151

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1. Entity Name
SPARLING, INC.



03 APR 29 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
720 OLIVE WAY, SUITE 1400
SEATTLE WA 98101

Mailing Address
720 OLIVE WAY, SUITE 1400
SEATTLE WA 98101



☐ CHECK HERE IF MAKING CHANGES

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 91-0817903

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

Name
CI Corporation System
Street Address (P.O. Box Number is Not Acceptable)
1200 Pine Island Road

City
Plantation

FL

Zip Code
33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PCD
DUNCAN, JAMES R P.E.
720 OLIVE WAY, SUITE 1400
SEATTLE WA 98101 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
LEONIDAS, THOMAS A JR., PE
720 OLIVE WAY, SUITE 1400
SEATTLE WA 98101 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
OVERTON, ERIC T
720 OLIVE WAY, SUITE 1400
SEATTLE WA 98101 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
BORS, DOUGLAS A P.E.
720 OLIVE WAY, SUITE 1400
SEATTLE WA 98101 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE ☐ Change ☐ Addition

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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

12. 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 10 or Block 11 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

Date

Daytime Phone #

CR2ED34 (10/02)