

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F30579

1. Entity Name
SPARKY'S, INC.

FILED
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90005 001 ***450.00

61860



DO NOT WRITE IN THIS SPACE

Principal Place of Business 702 TILLMAN PLACE PLANT CITY FL 33506 US		Mailing Address 702 TILLMAN PLACE PLANT CITY FL 33566 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 59-2085519		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPARKMAN, MICHAEL S 702 TILLMAN PLACE PLANT CITY FL 33566		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>		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. <input type="checkbox"/> \$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	DP SPARKMAN, MICHAEL S 2106 GOLDFVIEW DR. PLANT CITY FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 9 or Block 12 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:		Michael S. Sparkman, Pres. 1/30/01 815 754-9554 <small>Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #</small>	

US36011

CR2E034 (10/00)