

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000000241

1. Entity Name
SPARKNIGHT INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State
02-26-2000 90011 046 ***150.00

Principal Place of Business
**101 HOWARD STREET
SUITE 450
SAN FRANCISCO CA 94105
US**

Mailing Address
**101 HOWARD STREET
SUITE 450
SAN FRANCISCO CA 94105-6123
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **94-2707874** 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

**POPE, NICHOLAS A.
215 N. EOLA DR.
ORLANDO FL 32801**

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 _____ (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, 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**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **DP**
STREET ADDRESS **LIEW, CHIEN E**
CITY-ST-ZIP **5760 SOUTH SEMORAN BLVD
ORLANDO FL 32822**

TITLE ☐ Delete
NAME **DVT**
STREET ADDRESS **KAY, RANDALL E**
CITY-ST-ZIP **101 HOWARD ST., STE. 450
SAN FRANCISCO CA 94105**

TITLE ☐ Delete
NAME **DS**
STREET ADDRESS **BADER, J. LANI**
CITY-ST-ZIP **101 HOWARD ST., STE. 450
SAN FRANCISCO CA 94105**

TITLE ☐ Delete
NAME **AS**
STREET ADDRESS **TAWASHA, CAROLYN J**
CITY-ST-ZIP **101 HOWARD STREET, SUITE 450
SAN FRANCISCO CA**

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

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

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

TITLE ☐ Change ☐ 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: **RANDALL E. KAY** Date **1/27/00** Daytime Phone # **(415) 543-1188**

CR2E034 (9/99)