

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

0514715 AV

DOCUMENT # H18483

1. Entity Name
SPRAT PROPERTIES, INC.

04-17-2002 90145 012 ***150.00

Principal Place of Business Mailing Address
3440 GULF OF MEXICO DRIVE **3440 GULF OF MEXICO DRIVE**
#12 **#12**
LONGBOAT KEY FL 34228 **LONGBOAT KEY FL 34228**

80068389



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-2612707** Applied For
 Not Applicable

Zip Country Zip Country 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

DOLAN, WILLIAM W
3440 GULF OF MEXICO DRIVE
#12
LONGBOAT KEY FL 34228

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, 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**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	RATTRAY, GAIL R	
STREET ADDRESS	3440 GULF OF MEXICO DRIVE, #12	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPARROW, MARION	
STREET ADDRESS	3440 GULF OF MEXICO DRIVE, #12	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	DVST	<input type="checkbox"/> Delete
NAME	RATTRAY, M D	
STREET ADDRESS	3440 GULF OF MEXICO DRIVE, #12	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
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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)(j), 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: *M. D. Rattray*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. D. RATTRAY
 APRIL 5/02 941 383 2668
 Date Daytime Phone #

CR2E034(9/01)