

2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

04-11-2002 90049 032 \*\*\*150.00

0006979 AT

**DOCUMENT # P01000114641**  
 1. Entity Name  
**S.T. SPARKS CONSTRUCTION, INC.**

Principal Place of Business      Mailing Address  
**829 BONITO LN**                      **829 BONITO LN**  
**KEY LARGO FL 33037**                **KEY LARGO FL 33037**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**829 Bonito Lane**                      **829 Bonito Lane**

City & State      City & State  
**Key Largo, FL**                      **Key Largo, FL**  
 Zip      Country      Zip      Country  
**33037**      **Monroe**                      **33037**      **Monroe**

4. FEI Number      Applied For  
**65-1156290**                      Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**SPARKS, SAMMY T JR**  
**829 BONITO LN**  
**KEY LARGO FL 33037**

7. Name and Address of New Registered Agent  
 Name **Sammy T. Sparks Jr.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**829 Bonito Lane**  
 City **Key Largo**      FL      Zip **33037**

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 *Sammy T. Sparks Jr.*      DATE **4-4-2002**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **FILE NOW!!! FEE IS \$150.00**  
(See criteria on back)      **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 NAME STREET ADDRESS CITY-ST-ZIP	<b>DPVT</b> <b>SPARKS, SAMMY T JR</b> <b>829 BONITO LN</b> <b>KEY LARGO FL 33037</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>SPARKS, SAMMY T JR</b> <b>829 BONITO LN</b> <b>KEY LARGO FL 33037</b> <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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sammy T. Sparks Jr.*      DATE: **4-4-2002**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)