

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State
 05-05-2002 90290 050 ***150.00

DOCUMENT # P01000121504

1. Entity Name
SPARRO'S, INC.

Principal Place of Business

9996 SEMINOLE BLVD.
SEMINOLE FL 33772

Mailing Address

9996 SEMINOLE BLVD.
SEMINOLE FL 33772

2. Principal Place of Business

600W. BAY DR.
 Suite, Apt. #, etc.

3. Mailing Address

600W. BAY DR
 Suite, Apt. #, etc.

City & State

LARGO FL

City & State

LARGO FL

4. FEI Number

03-0376257

Applied For

Not Applicable

Zip

33770

Country

USA

Zip

33770

Country

USA

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SPARACINO, ANTHONY J
9996 SEMINOLE BLVD.
SEMINOLE FL 33772

7. Name and Address of New Registered Agent

Name **Anthony J. SPARACINO**
Street Address (P.O. Box Number is Not Acceptable)
13496 99th AVE N.
City **SEMINOLE** **FL** **Zip Code** **33776**

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]

ANTHONY J SPARACINO PRES. OWNER

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

TITLE **PRESIDENT + OWNER** ☐ Delete
NAME **Anthony J SPARACINO**
STREET ADDRESS **13496 99th AVE N.**
CITY-ST-ZIP **SEMINOLE FL 33776**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-02 559-0096
 Date Daytime Phone #

CR2E034 (9/01)