

# 2002 UNIFORM BUSINESS REPORT (UBR)

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  
Zip 33770 Country USA

City & State  
Largo FL  
Zip 33770 Country USA

4. FEI Number  
03-0376257

Applied For  
Not Applicable

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

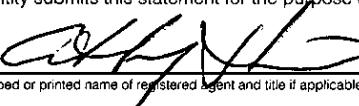
Name Anthony J. SPARACINO

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  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

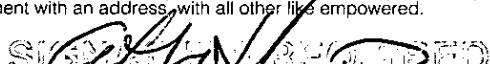
## 11. OFFICERS AND DIRECTORS

TITLE President & Owner  
NAME Anthony J SPARACINO  
STREET ADDRESS 13496 99th AVE N.  
CITY-ST-ZIP SEMINOLE FL 33776

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-02 559-0096

Date

Daytime Phone #

CR2E034 (9/01)

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