2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

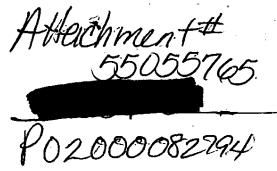
Sep 05, 2003 8:00 am Secretary of State

8/:

08-11-2003 90285 048 ***150.00

P02000082794 **DOCUMENT#** 1. Entity Name C.L. SPARKS & ASSOCIATES, INC. Principal Place of Business Mailing Address 55055765 501 SPINNAKER DRIVE 501 SPINNAKER DRIVE ORLANDO FL 32835 ORLANDO FL 32835 2. Principal Place of Business 3. Malling Address 901 DAYTONA 4630 KiRKMAN RD Suite, Apt, #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For -0789101 PALM Not Applicable Zip 32811 Country \$8.75 Additional 5. Certificate of Status Desired USA USA Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SOUTHWEST 22 STREET 4TH FLOOR MIAMI FL 33145 City 6. The above named entity exponits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE stered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE Change Addition CR2E034 (10/02) SPARIES CLAMBOT L SPARKS, CLEMENT L NAME NAME 4630 KIRKMANED, #425 501 SPINNAKER DRIVE STREET ADDRESS STREET ADDRESS ORLANDO FL 32835 CITY - ST - 7IP CITY-ST-7IP ORLANDO PC 32835 Change Delete TITLE ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MILE _ Delete_ TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Deleta TITLE TITLE ☐ Change Addition MANE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not quality 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:



Florida Department of State Department of Corporations Uniform Business Report Filings PO Box 1500 Tallahassee, FL 32302-1500

To Whom It May Concern:

Enclosed is my check for \$150.00 for filing my Uniform Business Report. I only just received this filing notice in the mail. I moved to a new location earlier this year and since mine is a new corporation, I was unaware of the need to file this report. I would appreciate it if any penalty for late filing could be waived just this one time. Thank you

Tement L. Sparks

CL Sparks & Associates