

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2003 8:00 am**  
**Secretary of State**

09-12-2003 90098 048 \*\*\*558.75

0141846 AT

**DOCUMENT # P02000113951**

1. Entity Name  
**SPARKS INSTALLATION SERVICES, INC.**



Principal Place of Business  
**15074 COPELAND WAY  
BROOKSVILLE FL 34604  
US**

Mailing Address  
**15074 COPELAND WAY  
BROOKSVILLE FL 34604  
US**



2. Principal Place of Business

3. Mailing Address

**13715 Linder Dr.**

**P.O. Box 715**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Spring Hill, FL**

**33549-0715**

Zip  
**34609**

Country  
**Hernando**

Zip

Country

4. FEI Number

Applied For

**51-0432883**

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ACTIVE FILINGS, LLC  
10651 NE 11TH COURT  
MIAMI SHORES FL 33138**

Name

**J.M.H.I.I**

Street Address (P.O. Box Number is Not Acceptable)

**1628 N Dale Mabry**

**Lutz, FL 33549**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

**9/10/03**

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
SPARKS, SABRINA  
15074 COPELAND WAY  
BROOKSVILLE FL 34604** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
SPARKS, DAVID  
15074 COPELAND WAY  
BROOKSVILLE FL 34604** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Sabrina Sparks**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Pres.**

**9/10/03 (352)-688-3490**

Date

Daytime Phone #

CR2E034 (4/03)