

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 27, 2001 08:00 AM**
Secretary of State**DOCUMENT # P94000015548**1. Entity Name
G. K. SPROWLS CORP.

Principal Place of Business	Mailing Address
2451 POINCIANA DRIVE	2451 POINCIANA DRIVE
NAPLES FL 34105 US	NAPLES FL 34105 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
65-0468294	Not Applicable

5. Certificate of Status Desired	☐ \$8.75 Additional Fee Required
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6. Name and Address of Current Registered AgentSPROWLS GREGORY K
2451 POINCIANA DRIVE

NAPLES FL 34105 US**7. Name and Address of New Registered Agent**

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

SIGNATURE _____ DATE **04/27/2001**
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. (See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	S ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SPROWLS AMY L	NAME	
STREET ADDRESS	2451 POINCIANA DRIVE	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34105	CITY-ST-ZIP	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SPROWLS GREGORY K	NAME	
STREET ADDRESS	2451 POINCIANA DRIVE	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34105	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Gregory K. Sprowls

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04/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)