

# 2000 UNIFORM BUSINESS REPORT (UBR)

51

DOCUMENT # P94000017137

1. Entity Name

MICHAEL S. SPARGUR, INC.

**FILED**  
Jul 28, 2000 8:00 am  
Secretary of State

05-05-2000 90038 018 \*\*\*150.00

Principal Place of Business

Mailing Address

13703 RICHMOND PARK DRIVE NORTH  
#1711  
JACKSONVILLE FL 32224  
US

13703 RICHMOND PARK DRIVE NORTH  
#1711  
JACKSONVILLE FL 32224-4295  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3227921

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPARGUR, MICHAEL  
320 OSCEOLA AVE  
JACKSONVILLE BEACH FL 32250

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

*Michael S. Spargur*

Signature, typed or printed name of registered agent and file 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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P SPARGUR, MICHAEL S  
7061 OLD KINGS RD., #140  
JACKSONVILLE FL 32217  
*note change of address*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P Michael S. Spargur  
11 Northside Dr. S. #301  
Jacksonville, Fla. 32218  
☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V SPARGUR, PARICIA A  
7061 OLD KINGS RD., #140  
JACKSONVILLE FL 32217  
*→*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V Patricia Spargur  
11 Northside Dr. S. #301  
Jacksonville, Fla. 32218  
☒ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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☐ Change ☐ Addition

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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 REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)