

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000085266

1. Entity Name

SPARKS ENTERTAINMENT INCORPORATED

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90015 027 ***150.00

Principal Place of Business

1100 5TH AVENUE SOUTH
SUITE 409
NAPLES FL 34102

Mailing Address

1100 5TH AVENUE SOUTH
SUITE 409
NAPLES FL 34102-6419

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

65-0881755

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

ROCUANT, PAUL A
1100 5TH AVE S STE 409
NAPLES FL 34102

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

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, 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

TITLE DPT ☐ Delete
NAME ROCUANT, PAUL A
STREET ADDRESS 1100 5TH AVENUE SOUTH SUITE 409
CITY-ST-ZIP NAPLES FL 34102

TITLE DVS ☒ Delete
NAME MAHER, ELEANOR
STREET ADDRESS 1100 5TH AVENUE SOUTH SUITE 409
CITY-ST-ZIP NAPLES FL 34102

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DVS ☐ Change ☒ Addition
NAME LINDA BRUNS
STREET ADDRESS 1131 ANNE ELISA CIRCLE
CITY-ST-ZIP ST. CLOUD FL 34772-7474

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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

PAUL ROCUANT, PRESIDENT

Date

1-14-00

Daytime Phone #

941 435-1900

CR2E034 (9/99)