

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State
 04-23-2002 90330 045 ***150.00

DOCUMENT # P99000011442

1. Entity Name
SPARKS PRODUCTIONS, INC.

Principal Place of Business

**7135 YACHT BASIN AVE
 216
 ORLANDO FL 32835**

Mailing Address

**7135 YACHT BASIN AVE
 216
 ORLANDO FL 32835**

2. Principal Place of Business

2197 Twisted Pine Rd.

Suite, Apt. #, etc.

Ocoee, FL.

34761

USA

3. Mailing Address

2197 Twisted Pine Rd.

Suite, Apt. #, etc.

Ocoee, FL.

34761

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3564185**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SPARKS, CHARLOTTE A
 7135 YACHT BASIN AVE UNIT #216
 ORLANDO FL 32835**

7. Name and Address of New Registered Agent

Name **DE CORSO, CHARLOTTE A**

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

2197 Twisted Pine Rd.

City **Ocoee**

FL

Zip Code **34761**

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 **Charlotte DeCorso**

Charlotte DeCorso, Owner

4/9/02

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, 2002 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 **D** ☐ Delete
 NAME **SPARKS, CHARLOTTE A**
 STREET ADDRESS **7135 YACHT BASIN AVE UNIT #216**
 CITY-ST-ZIP **ORLANDO FL 32835**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
 NAME **DeCorso, Charlotte A**
 STREET ADDRESS **2197 Twisted Pine Rd.**
 CITY-ST-ZIP **Ocoee, FL. 34761**

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
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 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: **Charlotte DeCorso**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/02 **(407) 877-8489**
 Date Daytime Phone #

CR2E034 (9/01)