

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90103 022 ***150.00

001150 AV

DOCUMENT # P99000100064

1. Entity Name
SPRAGUE FAMILY INC.




Principal Place of Business
**1228 OCEAN SHORE BLVD.
ORMOND BEACH FL 32176**

Mailing Address
**1228 OCEAN SHORE BLVD.
ORMOND BEACH FL 32176**

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

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3607367** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SPRAGUE, AMELIA D
687 ROCHESTER CT.
NEW SMYRNA BEACH FL 32168**

7. Name and Address of New Registered Agent

Name **Carol A Polinsky**

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

City **Ormond Beach** FL Zip Code **32176**

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 *Carol A Polinsky* DATE **3-31-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SPRAGUE, AMELIA D	
STREET ADDRESS	687 ROCHESTER CT.	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SPRAGUE, CHESTER	
STREET ADDRESS	220 WILLET AVE	
CITY-ST-ZIP	SOUTH RIVER NJ 08882	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carol A Polinsky	
STREET ADDRESS	20 Margaret Rd	
CITY-ST-ZIP	Ormond Beach, FL 32176	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Billy Smith	
STREET ADDRESS	20 Margaret Rd	
CITY-ST-ZIP	Ormond Beach, FL 32176	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Carol A Polinsky* **REQUIRED** DATE **3-31-03** DAYTIME PHONE # **386-441-0596**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)