

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90072 016 ***150.00

DOCUMENT # **553005**

1. Entity Name
~~SPRASCO, INC.~~

11/25/02
Metro Property Services, Inc.



Principal Place of Business
3660 ST AUGUSTINE RD
JACKSONVILLE FL 32207
US

Mailing Address
3660 ST AUGUSTINE RD
JACKSONVILLE FL 32207
US



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3069064**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~SASSER, DOUGLAS M~~
~~951 SARATOGA RD~~
~~JACKSONVILLE FL 32207~~

DANIEL T. DAVIS
3660 ST. AUGUSTINE RD
JACKSONVILLE, FL
32207

Name **DANIEL T. DAVIS**

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

3660 ST. AUGUSTINE ROAD

City **JACKSONVILLE** FL Zip Code **32207**

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 *[Signature]*

DANIEL T. DAVIS

4/25/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SASSER, DOUGLAS M	
STREET ADDRESS	951 SARATOGA RD	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	V	<input type="checkbox"/> Delete
NAME	MOORE, JOHN R	
STREET ADDRESS	843 LA SALLE STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	V	<input type="checkbox"/> Delete
NAME	DANIEL T. DAVIS	
STREET ADDRESS	5000 SAN JOSE BLVD #278	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	
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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TITLE = PRESIDENT	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vice President	
STREET ADDRESS		
CITY-ST-ZIP		
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: *[Signature]* **JOHN R. MOORE** **4/25/03** **399-1020**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **JOHN R. MOORE** **PRESIDENT** Date Daytime Phone #

CR2E034 (10/02)