2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 90452 028 ***150.00

DOCUMENT # J57959

1. Entity Name
SPARTAN STAFFING, INC.

Principal Place of Business	Mailing Address
1000 NO. ASHLEY DR STE 600 TAMPA FL 33602 US	~~PO BOX 40305~~ ~~TAMPA FL 33679-8305~~ US

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. #600
City & State	City & State Tampa FL
Zip / Country	Zip 33602 / Country US

4. FEI Number 59-2767175 ☐ Applied For ☐ Not Applicable

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
GIORDANO, JOHN N 220 SOUTH FRANKLIN STREET TAMPA FL 33602	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DS HOOVER, ROBIN C. 2909 W HAWTHORNE RD TAMPA FL 33611	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pamela Hoover BOD 1000 N. Ashley Dr. 600 Tampa FL 33602	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFO DYN, TIM 1000 N ASHLEY DRIVE, #600 TAMPA FL 33602	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BOD John Buels 1000 N. Ashley Dr. 600 Tampa, FL 33602	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~BOD~~ ~~BROWN, CHRIS~~ ~~1000 N ASHLEY DR #600~~ ~~TAMPA FL 33602~~	~~☐ Delete~~	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~BOD~~ ~~Chris Brown~~ ~~1000 N. Ashley Dr 600~~ ~~Tampa, FL 33602~~ Already Listed	~~☐ Change~~ ~~☒ Addition~~
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BOD LICATA, VINCE 1000 N ASHLEY DR #600 TAMPA FL 33602	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BOD 1000 Sponge Co. 1000 N. Ashley Dr. 600 Tampa, FL 33602,	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BOD HARRIS, SAM 1000 N ASHLEY DR #600 TAMPA FL 33602	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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: [illegible] REQUIRED Tim Dyn 4/18/03 813 301-0203
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #