

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90024 025 ***150.00

DOCUMENT # 849904
 1. Entity Name
SPARTACUS LIMITED INCORPORATION

Principal Place of Business Mailing Address
PO BOX N4843 PO BOX N4843
NASSAU BA NASSAU BA
US US

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 **98-0048775** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

FILLOY, JOSEPH M CPA
NEW WORLD TOWER, STE. 700
100 NORTH BISCAYNE BLVD.
MAIMI FL 33132

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00** May Be
 Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNOWLES, GEORGE PO BOX N-4843 KING & GEORGE ST NASSAU, NEW PORT BA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPBELL, DONALD P. O. BOX N-4843, KING & GEORGE ST. NASSAU, NEW PORT BA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLEBROOK, SHARON P. O. BOX N-4843, KING & GEORGE ST. NASSAU, NEW PORT BA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Authorized Signatory <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition LTSB Management (Cayman) Limited P.O.Box N-4843, King & George Streets Nassau, N.P., Bahamas
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Authorized Signatory <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition LTSB Management (Cayman) Limited P.O.Box N-4843, King & George Streets Nassau, N.P., Bahamas.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Authorized Signatory <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition LTSB Management (Caymans) Limited P.O.Box N-4843, King & George Streets Nassau, N.P., Bahamas.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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
LISA MANAGEMENT (CAYMAN) LIMITED
 DIRECTOR
 Date **Feb/26/02** (242)-302-3000
 Daytime Phone #

CR2E034 (9/01)