

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90103 018 ***150.00

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DOCUMENT # F97000006663

1. Entity Name
SPARTUS CORP.

Principal Place of Business
1822 WILEY POST TRAIL
DAYTONA BEACH FL 32124

Mailing Address
1822 WILEY POST TR
DAYTONA BEACH FL 32124

2. Principal Place of Business
3312 N.W. PERIMETER ROAD

3. Mailing Address
3312 N.W. PERIMETER ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
PALM CITY, FL

City & State
PALM CITY, FL

4. FEI Number
51-0336273

Applied For
 Not Applicable

Zip
34990

Country
USA

Zip
34990

Country
USA

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

LAX, RONALD G
1822 WILEY POST TRAIL
DAYTONA BEACH FL 32124

Name
RONALD G. LAX
 Street Address (P.O. Box Number is Not Acceptable)
3312 N.W. PERIMETER ROAD
PALM CITY
 City
PALM CITY FL Zip Code
34990

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PST	<input type="checkbox"/> Delete
NAME	LAX, RONALD G	
STREET ADDRESS	1822 WILEY POST TRAIL	
CITY-ST-ZIP	DAYTONA BEACH FL 32124	
TITLE	D	<input type="checkbox"/> Delete
NAME	THISTLE, PAMELA	
STREET ADDRESS	22672 LIBERTY OAK LANE	
CITY-ST-ZIP	CUPERTINO CA 95014	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAX, DOUGLAS	
STREET ADDRESS	2224 PACIFIC DRIVE	
CITY-ST-ZIP	CORONA DEL MAR CA 92625	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	3312 N.W. PERIMETER ROAD
CITY-ST-ZIP	PALM CITY, FL 34990
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	
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	

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: *Ronald G Lax*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034 (9/01)