

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2003 8:00 am**  
**Secretary of State**

04-09-2003 90140 037 \*\*\*150.00

**DOCUMENT # F97000006663**

1. Entity Name  
**SPARTUS CORP.**



Principal Place of Business  
**3312 NW PERIMETER ROAD  
PALM CITY FL 34990  
US**

Mailing Address  
**3312 NW PERIMETER ROAD  
PALM CITY FL 34990  
US**



2. Principal Place of Business

**c/o PROCTOR, CROOK & CROWDER PA**

3. Mailing Address

**c/o PROCTOR, CROOK & CROWDER PA**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**33 FLAGLER AVENUE**

**33 FLAGLER AVENUE**

City & State  
**STUART, FL**

City & State  
**STUART, FL**

4. FEI Number **51-0336273**

Applied For

Not Applicable

☐ CHECK HERE IF MAKING CHANGES

Zip Country  
**34994 USA**

Zip Country  
**34994 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  
3312 NW PERIMETER ROAD  
PALM CITY FL 34990**

Name

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

**c/o PROCTOR, CROOK & CROWDER, PA**

**33 FLAGLER AVENUE**

City  
**STUART**

**FL**

Zip Code  
**34994**

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 **PST** ☐ Delete  
NAME **LAX, RONALD G**  
STREET ADDRESS **3312 NW PERIMETER ROAD**  
CITY-ST-ZIP **PALM CITY FL 34990**

TITLE ☒ Change ☐ Addition  
NAME **c/o PROCTOR, CROOK & CROWDER, PA**  
STREET ADDRESS **33 FLAGLER AVENUE**  
CITY-ST-ZIP **STUART, FL 34994**

TITLE **D** ☐ Delete  
NAME **THISTLE, PAMELA**  
STREET ADDRESS **22672 LIBERTY OAK LANE**  
CITY-ST-ZIP **CUPERTINO CA 95014**

TITLE ☒ Change ☐ Addition  
NAME **154 ALTURA VISTA**  
STREET ADDRESS **LOS GATOS, CA 95032**

TITLE **D** ☐ Delete  
NAME **LAX, DOUGLAS**  
STREET ADDRESS **2224 PACIFIC DRIVE**  
CITY-ST-ZIP **CORONA DEL MAR CA 92625**

TITLE ☒ Change ☐ Addition  
NAME **1226 OUTRIGGER DRIVE**  
STREET ADDRESS **CORONA DELL MAR, CA 92625**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-5-2002**

CR2E034 (10/02)