


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

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90726 027 \*\*\*150.00

<b>DOCUMENT #</b> <u>P01000039926</u>	
<b>1. Entity Name</b> <u>Spacics, Inc.</u>	

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> <u>10775 Village Club Cir N.</u> Suite, Apt. #, etc. <u>#203</u> City & State <u>St. Petersburg, FL</u> Zip <u>33716</u> Country <u>USA</u>	<b>3. Mailing Address</b> <u>10775 Village Club Cir N.</u> Suite, Apt. #, etc. <u>#203</u> City & State <u>St. Petersburg, FL</u> Zip <u>33716</u> Country <u>USA</u>
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DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b> <u>65-1119089</u>	<input checked="" type="checkbox"/> <b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>DO NOT WRITE IN THIS SPACE</b>	<b>7. Name and Address of Current Registered Agent</b>	
	Name <u>Samantha Hall</u>	
	Street Address (P.O. Box Number is Not Acceptable) <u>10775 Village Club Cir N, #203</u>	
	City <u>St. Petersburg</u> <b>FL</b>	Zip Code <u>33716</u>

**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** Samantha Hall 4-6-3  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>10. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<u>P/V/T/S/D</u> <u>Samantha Hall</u> <u>10775 Village Club Cir N #203</u> <u>St Petersburg FL 33716</u>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
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IN THIS SPACE**

**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 807, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** Samantha Hall 4-6-3 727-563-9099  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2ED34B (12/02)