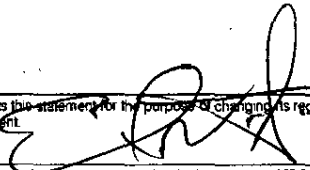
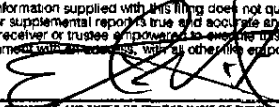


FILED  
May 05, 2003 8:00 am  
Secretary of State

05-05-2003 90244 046 \*\*\*150.00

2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------|--|
| DOCUMENT # P01000106897                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                 |  |
| 1. Entity Name<br>SPARTAN SOFFIT, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                  |  |
| Principal Place of Business<br>500 W AIRPORT BLVD #612<br>SANFORD, FL 32773                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Mailing Address<br>500 W AIRPORT BLVD #612<br>SANFORD, FL 32773                                                                  |  |
| 2. Principal Place of Business<br>67 IVY LANE<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | 3. Mailing Address<br>67 IVY LANE<br>Suite, Apt. #, etc.                                                                         |  |
| City & State<br>DEBARY, FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | City & State<br>DEBARY, FL                                                                                                       |  |
| Zip<br>32713                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Country<br>VOLUSIA                                                                                                               |  |
| 4. FEI Number<br>59-3754876                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Applied For<br>Not Applicable                                                                                                    |  |
| 5. Certificate of Status Desired<br>\$8.75 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                  |  |
| 6. Name and Address of Current Registered Agent<br>VELIS, ELIA<br>500 W AIRPORT BLVD #612<br>SANFORD, FL 32773                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | DATE                                                                                                                             |  |
| 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                  |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>VELIS, ELIA<br>500 W AIRPORT BLVD #612<br>SANFORD, FL 32773                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition              |  |
| 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 reports 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 to this report, if otherwise empowered. |  |                                                                                                                                  |  |
| SIGNATURE:<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | ELIA VELIS 4/25/03 321-2056                                                                                                      |  |

90123626



☒ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)