FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 92184 005 ***158.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000041994

80113146

1. Entity Name
SPARTACUS OF USA CORP.

Principal Place of Business	Mailing Address
P.O. BOX 59114 REDDINGTON BEACH, FL 33708	P.O. BOX 59114 REDDINGTON BEACH, FL 33708

2. Principal Place of Business	3. Mailing Address
10 PAPAYA STREET	10 PAPAYA Street
Suite, Apt. #, etc. 1001	Suite, Apt. #, etc. 1001
City & State CLEARWATER, FL	City & State CLEARWATER, FL
Zip 33767 Country Pinellas	Zip 33767 Country Pinellas

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3507957 — Applied For / Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, GERALDINE A
15219 GULF BLVD
MADERIA BEACH, FL 33708

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. 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 NAME STREET ADDRESS CITY-ST-ZIP	D WANDACHOWICZ, BOGDAN P.O. BOX 59114 REDDINGTON BEACH, FL 33708 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President WANDACHOWICZ, Bogdan 10 PAPAYA St #1001 Clearwater Fl. 33767 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President Lauralee Conklin 10 Papaya St. #1001 Clearwater, Fl. 33767 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 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] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 4-30-03 Date — (727) 445-1841 Daytime Phone #

CR2E034 (10/02)