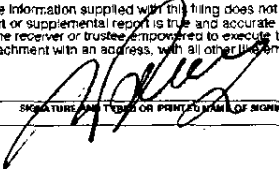


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92184 005 ***158.75

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000041994																											
1. Entity Name SPARTACUS OF USA CORP.																											
Principal Place of Business P.O. BOX 59114 REDDINGTON BEACH, FL 33708		Mailing Address P.O. BOX 59114 REDDINGTON BEACH, FL 33708																									
2. Principal Place of Business 10 PAPAYA STREET Suite, Apt. #, etc. 1001		3. Mailing Address 10 PAPAYA Street Suite, Apt. #, etc. 1001																									
City & State CLEARWATER, FL		City & State CLEARWATER, FL																									
Zip 33767 Country Pinellas		Zip 33767 Country Pinellas																									
4. FEI Number 58-3507857		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 _____ (NOTE: Registered Agent's signature required if an officer or director is signing) Signature, typed or printed name of registered agent and fee if applicable DATE																											
FILE NOW WITH 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																									
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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 included 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 lines empowered.																											
SIGNATURE: 		4-30-03 (727) 445-1841																									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Date Phone																									

80113146



☒ CHECK HERE IF MAKING CHANGES

CREC34 (10/02)