

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 26, 2001 8:00 am**  
**Secretary of State**

01-26-2001 90136 008 \*\*\*158.75

**DOCUMENT # P98000073873**

1. Entity Name  
**ROJUS ENTERPRISES, INC.**

Principal Place of Business 8532 139 LANE NORTH SEMINOLE FL 33776-2916	Mailing Address 8532 139 LANE NORTH SEMINOLE FL 33776-2916
--	--

2. Principal Place of Business <b>4181 MORENO DRIVE</b>	3. Mailing Address <b>4181 MORENO DRIVE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>PALM HARBOR, FL</b>	City & State <b>PALM HARBOR, FL</b>
--	--

Zip <b>34685-3642</b>	Country <b>USA</b>	Zip <b>34685-3642</b>	Country <b>USA</b>
--------------------------	-----------------------	--------------------------	-----------------------

4. FEI Number <b>59-3528852</b>	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired  **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**PITTS, RON**  
**8532 139TH LANE NORTH**  
**SEMINOLE FL 33776-2916**

Name <b>PITTS, RON</b>
Street Address (P.O. Box Number is Not Acceptable) <b>4181 MORENO DRIVE</b>
City <b>PALM HARBOR, FL</b>
Zip Code <b>34685-3642</b>

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.

SIGNATURE *Ronald R. Pitts* **RONALD R. PITTS** **PRESIDENT** 1/14/01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD</b> <b>PITTS, RONALD R</b> <b>8532 139 LANE NORTH</b> <b>SEMINOLE FL 33776-2916</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>4181 MORENO DRIVE</b> <b>PALM HARBOR, FL 34685-3642</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ronald R. Pitts* **RONALD R. PITTS** 1/14/01 727-938-5542  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)