## ORGANIS REPORT UBER 20

DOCUMENT # 10200027920							
I. Entity Name							
INFA MOJO	UC						



FILED

IDEA	EA MOJO UC				03 OCT 21 ## 8:00				
	DO NOT WRITE	и тиге	DΛC		SEC FALL	RETARY OF ST AHASSEE, FLC	ATE RDA		
					600C	)239 <mark>95</mark> 1 -01165010	16	5u^)	
ONLINE	/		3. Mailing Address 4020 E 12th AVE			1 10/21/03U1155U10 **50.00			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State	\$, FL	City & State	2		4. FEI Number		Applied For Not Applicable		
<b>3</b> 3	SCOS US	<sup>z</sup> <sub>2</sub> 33605	Coun . UC	<b>)</b>	5. Certificate of Status I	Desired X F	5.00 Additi ee Required	ional	
	DO NOT WI	The second of the second second		Name———	7. Name and Address of CARRICO P.O. Box Number is Not A		Agent		
				CityTAMP	A	FL	Zin Code	25	
	named entity submits this statement for ions of registered agent.	the purpose of changing its	s registere	·		tate of Florida. I am far	niliar with, an	d accept	
SIGNATURE _	Signature Typed or printed name of registered agent er	od title (Papplicable.				DATE	<u> </u>		
		Make Check Payal	ole to Fi	\$50.00 orida Departme MAY 1	nt of State				
9.	MANAGING MEMBER	S/MANAGERS	er s						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HRESIDEIOT JOBH CARRICIO 4010 E 121 ANE TRAMPA FL 33005	•	22 (2) s	tura di 1875 de 1886 di la				083B (12/0)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			at Suite					CRZE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	. •		odgentaged S	01.05 (460 (460 LPH LPT))	DO N	OT WRIT	(4) (4) (4) (4) (4) (4) (4) (4) (4) (4)		
TITLE Name Street address City-St-Zip			E		in Th	IS SPAC	<b>E</b>		
TITLE NAME Street address City-St-Zip		INSTAT	120,20	er address ST-2P	<del>03</del> .				
TITLE NAME STREET ADDRESS CITY-ST-ZIP									
11. I hereby of indicated limited liab	certify that the information supplied with to on this report is true and accurate and to bility company or the receiver or trustee	this filing does not qualify for hat my signature shall have empowered to execute this	or the exer the same report as	mption stated in Se e legal effect as if n required by Chap	action 119.07(3)(i), Florida nade under oath; that I arr ter 608, Florida Statutes.	Statutes. I further certification a managing member	that the info or manager	ormation of the	

SIGN		DE	
JIJIN	MIU	RE	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #



October, 14 2003

Due to a change in our address, we were not aware of the fees associated with the Uniform Business Report. Please find the enclosed Check, Number 1022, for the UBR fee.

Please feel free to contact us if you have any further questions.

Josh Carrico President - Idea Mojo LLC josh@ideamojo.com 813.477.1403