

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

FILED
May 08, 2003 8:00 am
Secretary of State

05-08-2003 90166 008 ***150.00

048574 AV

DOCUMENT # **L34991**

1. Entity Name
MOOKO INTERNATIONAL INC.



Principal Place of Business % LES SPITS 432 CLEVELAND CLEARWATER FL 33755	Mailing Address % LES SPITS 432 CLEVELAND CLEARWATER FL 33755
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2. Principal Place of Business 961 NARCISSUS AVE	3. Mailing Address 961 NARCISSUS AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State CLEARWATER FL.	City & State CLEARWATER FL.	4. FEI Number 59-3006605	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Zip 33767	Country USA	Zip 33767	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SPITS, LES
432 CLEVELAND
CLEARWATER FL 33755**

7. Name and Address of New Registered Agent

Name **LES SPITS**

Street Address (P.O. Box Number is Not Acceptable)
961 NARCISSUS AVE.

City **CLEARWATER** FL Zip **33767**

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 DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE D	<input type="checkbox"/> Delete
NAME SPITS, LES	
STREET ADDRESS 432 CLEVELAND	
CITY-ST-ZIP CLEARWATER FL 33755	
TITLE DV	<input type="checkbox"/> Delete
NAME NEWMAN, BARBARA C	
STREET ADDRESS 432 CLEVELAND	
CITY-ST-ZIP CLEARWATER FL 33755	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SPITS, LES	
STREET ADDRESS 961 NARCISSUS AVE.	
CITY-ST-ZIP CLEARWATER FL. 33767	
TITLE DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NEWMAN, BARBARA C	
STREET ADDRESS 961 NARCISSUS AVE	
CITY-ST-ZIP CLEARWATER FL 33767	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: **LES SPITS** DATE: **04/30/03** 727-443-1109
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/02)