

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L86973**

1. Entity Name
CAMBRIDGE ENTERPRISES, INC.

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 91411 015 ***150.00

Principal Place of Business

426 93RD AVE. NORTH
#101
ST. PETERSBURG FL 33702

Mailing Address

426 93RD AVE. NORTH
#101
ST. PETERSBURG FL 33702

2. Principal Place of Business

10033 64 AVE. N.
Suite, Apt. #, etc.
16

3. Mailing Address

10033 64 AVE. N.
Suite, Apt. #, etc.
16

City & State

MADEIRA BEACH, FL

City & State

MADEIRA BEACH, FL

Zip

33708

Country

USA

Zip

33708

Country

USA

4. FEI Number

65-0223408

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MITROVICH, MIRJANA
426 93RD AVE NO
STE 101
ST PETERSBURG FL 33702

7. Name and Address of New Registered Agent

Name

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

10033 64 AVE. N., STE. 16

City

MADEIRA BEACH,

FL

Zip Code

33708

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

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, 2002 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

TITLE **PSD** ☐ Delete
NAME **MITROVICH, UROS**
STREET ADDRESS **426 93 AVE N. #101**
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE **VST** ☐ Delete
NAME **MITROVICH, ZORAN DEAN**
STREET ADDRESS **426 93 AVE N. #101**
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **10033 64 AVE. N., APT. 16**
CITY-ST-ZIP **MADEIRA BEACH, FL 33708**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **10033 64 AVE. N., APT. 16**
CITY-ST-ZIP **MADEIRA BEACH, FL 33708**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Uros Mitrovich

3-19-02

Date

(727) 397-4922

Daytime Phone #

CP2E034 (9/01)