

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90131 005 ***150.00

DOCUMENT # P00000006643

Entity Name
JOJU INVESTMENTS, INC.

Principal Place of Business

**P.O. BOX 7441
 JACKSONVILLE FL 32238**

Mailing Address

**P.O. BOX 7441
 JACKSONVILLE FL 32238**

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3620212

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TARRIS, BOB
 7846 RENAULT DR N
 JACKSONVILLE FL 32244**

Name

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

7915 Painted OAK DR

City

JACKSONVILLE

FL

Zip Code

32210

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

FILE NAME	PTD	<input type="checkbox"/> Delete
STREET ADDRESS	TARRIS, BOB	
CITY-ST-ZIP	P.O. BOX 7441 JACKSONVILLE FL 32238	
FILE NAME	VSD	<input type="checkbox"/> Delete
STREET ADDRESS	TARRIS, JUDY	
CITY-ST-ZIP	P.O. BOX 7441 JACKSONVILLE FL 32238	
FILE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
FILE NAME		<input type="checkbox"/> Delete
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FILE NAME		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
FILE NAME		<input type="checkbox"/> Delete
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	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 Required BOB TARRIS

2/4/02 904-778-4331

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)