2001 UNIFORM BUSINESS REPORT (UBR)

5/

FILED
Jun 07, 2001 8:00 am
Secretary of State
05-14-2001 90064 009 ***158.75

DOCUMENT # P00000108378

1. Entity Name

VOO DOO MOJO, INC.

Principal Place of Business	Mailing Address
1160 SAN CARLOS AVE NE ST PETERSBURG FL 33702	1160 SAN CARLOS AVE NE ST PETERSBURG FL 33702

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
TAMPA THEATER BUILDING - 9TH FLOOR		P.O. BOX 55398	
Suite, Apt. #, etc.: 707 FRANKLIN STREET MALL		Suite, Apt. #, etc.:	
City & State: TAMPA, FLORIDA		City & State: ST. PETERSBURG	
Zip: 33602	Country: USA	Zip: FLORIDA	Country: USA

4. FEI Number 59 - 3715471 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PESCE, ANTHONY J
1160 SAN CARLOS AVE NE
ST PETERSBURG FL 33702

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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]

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	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PESCE, ANTHONY J	NAME	
STREET ADDRESS	1160 SAN CARLOS AVE NE	STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33702	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/00)

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] MARCH 21, 2001 727-528-9210

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #