

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000023008

1. Entity Name  
MOJO HOME IMPROVEMENTS INC.

Principal Place of Business  
8867 NW 45 PLACE  
CORAL SPRINGS FL 33065

Mailing Address  
8867 NW 45 PLACE  
CORAL SPRINGS FL 33065

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country

Zip      Country

4. FEI Number **65-1078923**      Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

**SIMBOLI, STEVEN**  
8867 NW 45 PLACE  
CORAL SPRINGS FL 33065

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, 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      **D**       Delete  
NAME      **SIMBOLI, STEVEN**  
STREET ADDRESS      **8867 NW 45 PLACE**  
CITY-ST-ZIP      **CORAL SPRINGS FL 33065**

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE       Change       Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE       Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE       Change       Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE       Delete  
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STREET ADDRESS  
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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: **Mr. C. L. Lohr 02-17-02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day Month Year

CR2E034 (9/01)