

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 16, 2003 8:00 am
Secretary of State

06-16-2003 90148 018 ***550.00

DOCUMENT # P01000059247

1. Entity Name
COCOLAJO, INC.



Principal Place of Business
**1820 S.W. FOUNTAIN VIEW BLVD.
PORT SAINT LUCIE FL 34986**

Mailing Address
**7872 SADDLEBROOK DRIVE
PORT ST. LUCIE FL 34986**



2. Principal Place of Business

1820 SW Fountainview Blvd
Suite, Apt. #, etc.

3. Mailing Address

7872 Saddlebrook Dr
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Port St Lucie FLA

City & State

Port St Lucie FLA

4. FEI Number **59-3730145**

Applied For

Not Applicable

Zip

34986

Country

USA

Zip

34986

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GALLER, JODY
7872 SADDLEBROOK DRIVE
PORT SAINT LUCIE FL 34986**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Jody Galler**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

6-1-03

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 **PD** ☐ Delete
NAME **GALLER, JODY**
STREET ADDRESS **7872 SADDLEBROOK DRIVE**
CITY-ST-ZIP **PORT ST. LUCIE FL 34986**

TITLE **SD** ☐ Delete
NAME **GALLER, LAURA**
STREET ADDRESS **7872 SADDLEBROOK DRIVE**
CITY-ST-ZIP **PORT ST. LUCIE FL 34986**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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: **Jody Galler**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-1-03

772-595-5800

Date:

Daytime Phone #

CR2E034 (10/02)

0607963 AV