

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90361 040 \*\*\*150.00

<b>DOCUMENT # P02000077841</b>																											
<b>1. Entity Name</b> <b>MOJITO ENTERPRISES, INC.</b>																											
<b>Principal Place of Business</b> 740 PINELLAS BAYWAY TIERRA VERDE FL 33715 US		<b>Mailing Address</b> C/O ERNEST L. MASCARA, PA 475 CENTRAL AVENUE, SUITE M-8 ST. PETERSBURG FL 33701 US																									
<b>2. Principal Place of Business</b> Suite, Apt. #, etc.		<b>3. Mailing Address</b> 1822 Drew St Suite, Apt. #, etc.																									
<b>City &amp; State</b>		<b>City &amp; State</b> Clearwater FL																									
<b>Zip</b>	<b>Country</b>	<b>Zip</b> 33765	<b>Country</b> USA																								
<b>4. FEI Number</b> 13-4208378		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Applied For</td> </tr> <tr> <td style="padding: 2px;">Not Applicable</td> </tr> </table>		Applied For	Not Applicable																						
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Not Applicable																											
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>																									
<b>6. Name and Address of Current Registered Agent</b> MASCARA, ERNEST L THE KRESS BUILDING, SUITE M-8 475 CENTRAL AVENUE ST. PETERSBURG FL 33701		<b>7. Name and Address of New Registered Agent</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Name</td> <td style="padding: 2px;">Clarence W. Trice</td> </tr> <tr> <td style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</td> <td style="padding: 2px;">1822 Drew St</td> </tr> <tr> <td style="padding: 2px;">City</td> <td style="padding: 2px;">Clearwater FL Zip Code 33765</td> </tr> </table>		Name	Clarence W. Trice	Street Address (P.O. Box Number is Not Acceptable)	1822 Drew St	City	Clearwater FL Zip Code 33765																		
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<b>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.</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <b>SIGNATURE</b> </div> <div style="width: 40%; text-align: right;"> <b>DATE</b>                  4-9-03             </div> </div> <p style="font-size: small; margin-top: 5px;">                 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)             </p>																											
<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																									
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>																									
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CR2E034 (10/02)

**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:** **SIGNATURE REQUIRED** 4-9-03 (727) 443-6755

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