

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
 05-13-2002 90036 010 ***150.00

DOCUMENT # P99000032472

1. Entity Name
COJO'S, INC.

Principal Place of Business
5980 58TH ST NORTH
KENNETH CITY FL 33709

Mailing Address
12200 93 STREET N
LARGO FL 33773



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

5980 58th St. N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Kenneth City, FL

4. FEI Number
65-0950896

Applied For
Not Applicable

Zip

Country

Zip

Country

33709

US

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

ROPER, MICHELE R
12200 93 STREET N
LARGO FL 33773

Name
Michele R. Roper
Street Address (P.O. Box Number is Not Acceptable)
5980 58th St. N
City
Kenneth City **FL** **Zip Code**
33709

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 *Michele Roper* *Michele Roper*

4-24-02

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
3. 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

TITLE PD	<input type="checkbox"/> Delete
NAME ROPER, MICHELE R	
STREET ADDRESS 12200 93RD ST NORTH	
CITY-ST-ZIP LARGO FL 33773	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Roper, Michele R	
STREET ADDRESS 5980 58th St. N.	
CITY-ST-ZIP Kenneth City, FL 33709	
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	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Michele Roper* *Michele Roper P.D.* **4-24-02** **727-548**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **6789**

Date

Daytime Phone #

CR2E034 (9/01)