

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90085 039 ***150.00

DOCUMENT # *P99000032472*

1. Entity Name
CoJo's, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2600 S. Suncoast Blvd
Suite, Apt. #, etc.

3. Mailing Address
11480 W. Amaryllis Ln.
Suite, Apt. #, etc.

70026893

DO NOT WRITE IN THIS SPACE

City & State
Homosassa, FL
Zip
34448
Country
US

City & State
Crystal River, FL
Zip
34428
Country
US

4. FEI Number
65-0950896

Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Michele Roper

Street Address (P.O.-Box Number is Not Acceptable)
11480 W. Amaryllis Lane

City
Crystal River **FL** Zip Code
34428

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 *Michele Roper* *Michele Roper*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

03-10-03
DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P.D.
Michele Roper
11480 W. Amaryllis Ln.
Crystal River, FL 34428

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Michele Roper* *Michele Roper*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-10-03
Date

352-621-6789
Daytime Phone #

CR2E034B (12/02)