

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 16, 2001 8:00 am**  
**Secretary of State**

0121057 AT

DOCUMENT # P00000042833

1. Entity Name  
**VEJEJ, INC.**

*(LA)*

07-16-2001 90002 043 \*\*\*158.75

Principal Place of Business  
 P.O. BOX 311351  
 TAMPA FL 33617

Mailing Address  
 P.O. BOX 311351  
 TAMPA FL 33617



2. Principal Place of Business

**HOME**

3. Mailing Address

**PO Box 311351**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**FE**

City & State  
**Tampa Fla**

City & State  
**Tampa Fla**

4. FEI Number  
**593645988**

Applied For  
 Not Applicable

Zip  
**33617**

Country  
**Hillsborough**

Zip  
**33617**

Country  
**Hillsborough**

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

**JANEZIC, JOSEPH**  
**4815 E. BUSCH BLVD., SUITE 113**  
**TAMPA FL 33617**

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

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>President</b><br><b>Eddie L. Shannon</b><br><b>4520 Dolphin Dr.</b><br><b>Tampa Fla 33617</b>     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>Vice President</b><br><b>Vanessa Shannon</b><br><b>4620 Dolphin Dr.</b><br><b>Tampa Fla 33617</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>Vice President</b><br><b>Vanessa Shannon</b><br><b>4520 Dolphin Dr.</b><br><b>Tampa Fla 33617</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>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)(f), 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: **Eddie L. Shannon** *(Signature)* **1/9/01** **813-245-0921**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #

CR2E034 (5/01)

Attachment  
DH# P0000042833  
A00TH08  
7/9/01

TO: Whom it MAY concern, I never  
recieved the first notice. I called an  
operator on this # 1-850-488-9000  
and they told me to send \$150 dollars  
plus \$8.75 for Certificate of Status.  
Please - honor this - check!!

Edski S. Starr  
President of  
VeJeJ inc.