

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 31, 2002 8:00 am**  
**Secretary of State**

03-31-2002 90366 024 \*\*\*150.00

0597212 AT

**DOCUMENT # P00000042833**

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

<b>Principal Place of Business</b> P.O. BOX 311351 TAMPA FL 33617	<b>Mailing Address</b> P.O. BOX 311351 TAMPA FL 33617
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b> 59-3645988	<b>Applied For</b> <input type="checkbox"/> 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> JANEZIC, JOSEPH 4815 E. BUSCH BLVD., SUITE 113 TAMPA FL 33617	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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**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** \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> <input type="checkbox"/> (See criteria on back)	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	<b>10. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input type="checkbox"/> Delete <b>SHANNON, EDDIE L</b> 4520 DOLPHIN DRIVE TAMPA FL 33617	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>VP</b>	<input type="checkbox"/> Delete <b>SHANNON, VANESSA</b> 4520 DOLPHIN DRIVE TAMPA FL 33617	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

**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:** *Eddie Shannon* **EDDIE SHANNON** **3/19/02** **(813) 245-0934**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)