

UNREG51 AV

FILED
Aug 11, 2002 8:00 am
Secretary of State

05-13-2002 90248 008 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000050712

1. Entity Name
WJA OF USA, INC.

41189



DO NOT WRITE IN THIS SPACE
65-1090631

Principal Place of Business
**5220 S.W.20TH AVE.
CAPE CORAL FL 33914**

Mailing Address
**2221 SW 43 LANE
CAPE CORAL FL 33914**

2. Principal Place of Business
**5220 SW 20' AV.
Suite, Apt. #, etc.**

3. Mailing Address
**2221 SW 43 LANE
Suite, Apt. #, etc.
CAPE CORAL FL**

City & State
CAPE CORAL FL

City & State
FL

Zip
33914

Country
USA

Zip
33914

Country
USA

4. FEI Number
APPLIED FOR

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**WELLMAN, SHELLY A
12730 NEW BRITTANY BLVD., STE. 406
FT. MYERS FL 33907**

7. Name and Address of New Registered Agent
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 *Wellman Shelly*

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

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 \$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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD LANG, WILLI 5220 S.W.20TH AVE. CAPE CORAL FL 33914 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD LANG, JUTTA 5220 S.W.20TH AVE. CAPE CORAL FL 33914 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: *Wellman Shelly* SIGNATURE REQUIRED

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Radzoy

Date Daytime Phone #

CR2E034 (9/01)