

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90065 005 ***150.00

00089563

DOCUMENT # 397186

1. Entity Name
VANJAY DEVELOPMENT CORP.

Principal Place of Business 821 NORTHWEST 13TH STREET GAINESVILLE FL 32601 <i>6815 SW 35th WAY GAINESVILLE, FL 32608</i>	Mailing Address 821 NORTHWEST 13TH STREET GAINESVILLE FL 32601 <i>6815 SW 35th WAY GAINESVILLE FL 32608-5219</i>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-1399694		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
WILLIAMS, JAY 821 N W 13TH ST GAINESVILLE FL 32601				Name			
				Street Address (P.O. Box Numbers Not Acceptable)			
				City GAINESVILLE FL Zip Code 32608-5219			

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME	PD WILLIAMS, JAY	<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	821 N.W. 13TH STREET			STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL.			CITY-ST-ZIP			
TITLE NAME	D WILLIAMS, INGRID	<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	821 N.W. 13TH STREET			STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL.			CITY-ST-ZIP			
TITLE NAME	S WILLIAMS, JOHN	<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	2553-1ST AVENUE NORTH			STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL.			CITY-ST-ZIP			
TITLE NAME	D WILLIAMS, JOHN	<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	2553-1ST AVENUE NORTH			STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL.			CITY-ST-ZIP			
TITLE NAME		<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE NAME		<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: *John Williams* **4-9-01 352 378 3943**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)