

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006941

1. Entity Name

EJ-VESTCO INDUSTRIES, LLC

Principal Place of Business

2204 S. EXMOOR STREET
TAMPA FL 33629

Mailing Address

2204 S. EXMOOR STREET
TAMPA FL 33629

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

APPLIED FOR

Applied For
 Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

Name

MENKE, ERROL J
2204 S EXMOOR STREET
TAMPA FL 33629

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code



DO NOT WRITE IN THIS SPACE

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 26, 2001

500004619315-2
-10/02/01--01002--023
150.00 *50.00

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE

MGR

NAME

MENKE, ERROL J

STREET ADDRESS

2204 S. EXMOOR STREET

CITY-ST-ZIP

TAMPA FL 33629

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

2204 S. EXMOOR STREET

TAMPA FL 33629

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

2204 S. EXMOOR STREET

TAMPA FL 33629

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

2204 S. EXMOOR STREET

TAMPA FL 33629

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

2204 S. EXMOOR STREET

TAMPA FL 33629

Delete

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

9/26/01

Date

Daytime Phone #

0006578

CR2083 (5/01)