

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000050712

1. Entity Name
WJA OF USA, INC.

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

05-13-2002 90248 008 ***150.00

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.

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, SHELLEY A

12730 NEW BRITTANY BLVD., STE. 406
FT. MYERS FL 33907

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

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

(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)

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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.

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\$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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VSD
LANG, JUTTA
5220 S.W. 20TH AVE.
CAPE CORAL FL 33914

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CITY - ST - ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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:

SIGNATURE REQUIRED

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)