

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**  
 03-13-2002 90125 030 \*\*\*150.00

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**DOCUMENT # P01000045932**

**1. Entity Name**  
**VEVA DISTRIBUTION CORP.**

**Principal Place of Business**

**106 AMERICA ST.  
 ORLANDO FL 32801**

**Mailing Address**

**200 E. ROBINSON ST., STE. 500  
 ORLANDO FL 32801**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**5036 Dr. Phillips Blvd.**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**# 308**

City & State  
**Orlando FL**

City & State

**4. FEI Number**

**59-3716658**

Applied For

Not Applicable

Zip  
**32819**

Country

Zip

Country

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

**6. Name and Address of Current Registered Agent**

**FLORIDA CORPORATE SUPPORT, INC.  
 200 E. ROBINSON ST., STE. 500  
 ORLANDO FL 32801**

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

Name  
**HENDRY, STONER, DELANCETT & BROWN, P.A.**

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**

*G. Steven Brown, Secy 2/8/02*

Signature, typed or printed name of registered agent and title 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) ☐

**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** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

TITLE  
 NAME **D RAMOS, VANESSA** ☐ Delete  
 STREET ADDRESS **7653 APPLETREE CIR.**  
 CITY-ST-ZIP **ORLANDO FL 32819**

TITLE  
 NAME **D SHEFFER, STEPHEN E** ☐ Delete  
 STREET ADDRESS **7315 EVERLEIGH CT.**  
 CITY-ST-ZIP **ORLANDO FL 32819**

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **P/S/D** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **V/T/D** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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:**

*Vanessa Ramos*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/23/2002 407-264-2964**  
 Date Daytime Phone #

CR2E034 (9/01)