

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000080528

1. Entity Name
VAI INVESTMENTS, INC.

Principal Place of Business

5700 MEMORIAL HWY.
SUITE 202 G
TAMPA FL 33615

Mailing Address

5700 MEMORIAL HWY.
SUITE 202 G
TAMPA FL 33615

2. Principal Place of Business

1883 WOODHAVEN STREET

3. Mailing Address

1883 WOODHAVEN STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TARPOn SPRINGS FL

City & State

TARPOn SPRINGS FL

Zip

34689

Country

PINELLAS

Zip

34689

Country

PINELLAS

4. FEI Number

59- 3738 752

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TREUHAFT, JOEL S
5700 MEMORIAL HWY.
SUITE 202 G
TAMPA FL 33615

7. Name and Address of New Registered Agent

Name Ann Losurso

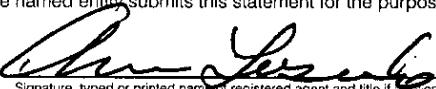
Street Address (P.O. Box Number is Not Acceptable)

1883 WOODHAVEN STREET

City TARPOn SPRINGS

FL 34689

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)

3-12-02

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 State10. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

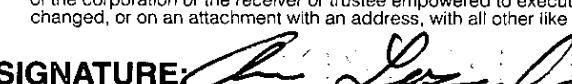
11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

CR2E034 (9/01)

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE PRESIDENT Change Addition
NAME Ann Losurso
STREET ADDRESS 1883 WOODHAVEN STREET
CITY-ST-ZIP TARPOn SPRINGS FL 34689TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Delete
NAME
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STREET ADDRESS
CITY-ST-ZIPTITLE 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 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-02

727 937-1164

Date

Daytime Phone #

FILED

Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90042 029 ***150.00

B0053072



DO NOT WRITE IN THIS SPACE