

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90367 033 ***150.00

DOCUMENT # **P93000082518**

1. Entity Name
NEJA ENTERPRISES, INC.

Principal Place of Business

**3119 MANATEE AVE WEST
 BRADENTON FL 34205
 US**

Mailing Address

**P. O. BOX 4607
 SARASOTA FL 34230
 US**

2. Principal Place of Business

3. Mailing Address
P.O. Box 88

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Sarasota, FL

4. FEI Number **65-0457107**

Applied For
 Not Applicable

Zip

Country

34230 Country

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

6. Name and Address of Current Registered Agent

**HENDERSON, DUANE N
 3119 MANATEE AVENUE WEST
 BRADENTON FL 34205**

7. Name and Address of New Registered Agent

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 fee 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, 2001 Fee will be \$550.00
 Make Check Payable to Department of State

10. 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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
DP	HENDERSON, DUANE N	3119 MANATEE AVENUE WEST	BRADENTON FL				
DVST	HENDERSON, BARBARA J	3119 MANATEE AVENUE WEST	BRADENTON FL				

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: Barbara J. Henderson **Barbara J. Henderson U.P.** Date: **4-19-01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941-747-6352

CR2E034 (10/00)