

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 07, 2001 8:00 am
Secretary of State

03-07-2001 90178 001 *1,950.00

DOCUMENT # P96000020512

1. Entity Name
VAN DER VALK, INC.

Principal Place of Business
**316 N. JOHN YOUNG PARKWAY
SUITE 14
KISSIMMEE FL 34741**

Mailing Address
~~200 EAST ROBINSON ST
SUITE 500
ORLANDO FL 32801
US~~

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
P O Box 430401
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State Kissimmee FL		4. FEI Number 59-3403455	Applied For <input type="checkbox"/> Not Applicable
Zip 34743	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FLORIDA CORPORATE SUPPORT, INC. 200 EAST ROBINSON STREET, STE. 500 ORLANDO FL 32801	7. Name and Address of New Registered Agent Name Ideal Opportunities Inc Street Address (P.O. Box Number is Not Acceptable) 316 N John Young Pkwy Suite 14 City Kissimmee FL Zip Code 34741
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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 **P J Groenendijk President** **3/7/01**
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 requirements and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT GROENENDIJK, PETER 316 N JOHN YOUNG PARKWAY SUITE 14 KISSIMMEE FL 34741 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS MATSER, CHRIS 316 N JOHN YOUNG PARKWAY SUITE 14 KISSIMMEE FL 34741 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **P J Groenendijk VP** **3/7/01** **407 944 9515**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/00)