

**FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P97000037857
 1. Entity Name
 ALANDSBEEK, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 301 NORTH FERNCREEK AVE	3. Mailing Address 301 NORTH FERNCREEK AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State ORLANDO FLORIDA	City & State ORLANDO FLORIDA	4. FEI Number 59-3454852	Applied For Not Applicable
Zip 32803	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent		
	Name CLAPHAM, GEORGE		
	Street Address (P.O. Box Number is Not Acceptable)		
	301 NORTH FERNCREEK AVENUE	City ORLANDO	FL Zip Code 32803

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--	--

11. OFFICERS AND DIRECTORS			
TITLE	D DEKKER-GIEZENAAR, ARDINA A	TITLE	
NAME	DEKKER-GIEZENAAR, ARDINA A	NAME	
STREET ADDRESS	GRIENDEN 24, 3831HR LEUSDEN	STREET ADDRESS	
CITY-ST-ZIP	THE NETHERLANDS OC	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D DEKKER, MENNO	TITLE	DO NOT WRITE IN THIS SPACE
NAME	DEKKER, MENNO	NAME	
STREET ADDRESS	GRIENDEN 24, 3831HR LEUSDEN	STREET ADDRESS	
CITY-ST-ZIP	THE NETHERLANDS OC	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address, with all other information, as required.

SIGNATURE:  **ARDINA A GIEZENAAR** April 8th 02 (033-4950425)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)