

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

Mar 25, 2003 8:00 am
Secretary of State

03-25-2003 90071 032 ***150.00

DOCUMENT # P97000037857

1. Entity Name
ALANDSBEEK, INC.



Principal Place of Business
301 NORTH FERNCREEK AVENUE
ORLANDO, FL 32803

Mailing Address
301 NORTH FERNCREEK AVENUE
ORLANDO, FL 32803

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3454852

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CALPHAM, GEORGE L
301 NORTH FERNCREEK AVE
ORLANDO, FL 32803

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when existing)

DATE

FILE NUMBER: 03-25-00000000
Annual Report Fee: \$150.00
Annual Report Due: May 1, 2003
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEKKER-GIEZENAAR, ARDINA A GRIENDEN 24, 3831 HR LEUSDEN THE NETHERLANDS, OC	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEKKER, MENNO A GRIENDEN 24, 3831 HR LEUSDEN THE NETHERLANDS, OC	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3X), 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 10 or Block 11 if changed, or on an attachment with its address, with all other like empowered.

SIGNATURE: *Ardina A.M. GIEZENAAR*

MARCH 20th 03 31-33-4980425

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFR2034 (10/02)