

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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address P O Box 430401 Suite, Apt. #, etc.
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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



DO NOT WRITE IN THIS SPACE

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**

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** DATE **3/7/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirements 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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT GROENENDIJK, PETER 316 N JOHN YOUNG PARKWAY SUITE 14 KISSIMMEE FL 34741	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS MATSER, CHRIS 316 N JOHN YOUNG PARKWAY SUITE 14 KISSIMMEE FL 34741	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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** DATE **3/7/01** DAYTIME PHONE # **407 944 9515**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)