

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90395 039 ***150.00

DOCUMENT # J87460

1. Entity Name

WILLIAM VAN DONGEN, INC.

Principal Place of Business

% WILLIAM VAN DONGEN
 2482 NORTH ORANGE BLOSSOM TR
 KISSIMMEE FL 34744-2300

Mailing Address

% WILLIAM VAN DONGEN
 2482 NORTH ORANGE BLOSSOM TR
 KISSIMMEE FL 34744-2300

2. Principal Place of Business

855 RT 192

Suite, Apt. #, etc.

3. Mailing Address

855 RT 192

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ST Cloud FL

City & State

ST Cloud FL

4. FEI Number **59-2807117**

Applied For

Not Applicable

Zip
34769

Country
OSCEOLA

Zip
34769

Country
OSCEOLA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**VAN DONGEN, WILLIAM
 2482 N ORANGE BLOSSOM TRL
 KISSIMMEE FL 34744**

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 title 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

TITLE **P** ☐ Delete
 NAME **VAN DONGEN, WILLIAM B.**
 STREET ADDRESS **2482 NORTH O.B.T.**
 CITY-ST-ZIP **KISSIMMEE FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/1/01 (407) 498-0400

CR2E034 (10/00)