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

## P00000038992 **DOCUMENT #**

1. Entity Name

SIGNATURE:

VANDEBURG CONSULTING, INC.



## **FILED** Mar 13, 2003 8:00 am Secretary of State

03-13-2003 90058 031 \*\*\*150.00

				7		
Principal Place of Business 11614 ROYAL TEE CIRCLE CAPE CORAL FL 33991		Mailing Address 11614 ROYAL TEE CIRCLE CAPE CORAL FL 33991				
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 65-1002092	<del></del>	olied For Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Addi Fee Required	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent						
1 1 1 1				ne de la constant de		
vandeburg, richard 11614 royal tee Circle			Street Addres	(P.O. Box Number is Not Acceptable)		
CAPE CORAL FL 33991						
			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 reinstating)  DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of St		tata		<ol> <li>Election Campaign Financia</li> <li>Trust Fund Contribution.</li> </ol>		May Be to Fees
fo.	OFFICERS AND D		11.	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS	IN 11
TITLE	DP .	□ Delete	TITLE	, as money of hardes to or hoer	☐ Change	Addition
NAME	VANDEBURG, RICHARD	<del></del>	NAME			,
STREET ADDRESS	11614 ROYAL TEE CIRCLE		STREET ADDRESS			
CITY-ST-ZIP	CAPE CORAL FL 33991		CITY-ST-ZIP			
TITLE	DV	☐ Delete	TITLE		Change	☐ Addition
NAME STREET ADDRESS	VANDEBURG, MARLA 11614 ROYAL TEE CIRCLE		NAME STREET ADDRESS			ľ
CITY-ST-ZIP	CAPE CORAL FL 33991		CITY-ST-ZIP			]
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME -	های سومن دسینهای انجه این ایند اینوان ا		NAME -	ම දන්වරයට පැපැපැවැතිම විමේ ව ම	• g	
STREET ADDRESS			STREET ADDRESS			Ì
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE NAME		☐ Change	☐ Addition
NAME STREET ADDRESS			STREET ADDRESS	•		}
CITY-ST-ZIP		e e e	CITY-ST-ZIP	E Company		Ì
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
TITLE	*	Oelete Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
UITT-01-41			01117017211			

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

239.283: 0440

Daytime Phone #