

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90975 045 \*\*\*150.00

0345495  
AV

**DOCUMENT # P02000011311**

**1. Entity Name**  
**VANDESLORIS CORPORATION**



**Principal Place of Business**  
**6600 S.W. 39TH STREET**  
**SUITE A1**  
**DAVIE FL 33314**

**Mailing Address**  
**6600 S.W. 39TH STREET**  
**SUITE A1**  
**DAVIE FL 33314**



**2. Principal Place of Business**

**5118 S. STATE RD 7**  
Suite, Apt. #, etc.

**3. Mailing Address**

**6600 SW 39TH STREET**  
Suite, Apt. #, etc.  
**SUITE A1**

☒ CHECK HERE IF MAKING CHANGES

**City & State**

**FT. LAUDERDALE, FL**

**City & State**

**DAVIE, FL**

**4. FEI Number**

**753051661**

**Applied For**

**Not Applicable**

**Zip**

**33314**

**Country**

**USA**

**Zip**

**33314**

**Country**

**USA**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**DALRYMPLE, JAMES BRIAN**  
**6600 S.W. 39TH STREET**  
**SUITE A1**  
**DAVIE FL 33314**

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

**SIGNATURE**

*[Signature]* **J. BRIAN DALRYMPLE**

**4/28/03**  
DATE

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**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**

**TITLE** ☐ Delete  
**NAME** **D DALRYMPLE, JAMES BRIAN**  
**STREET ADDRESS** **6600 S.W. 39TH STREET, SUITE A1**  
**CITY-ST-ZIP** **DAVIE FL 33314**

**TITLE** ☐ Delete  
**NAME** **D BAILEY, GLEN EDWARD JR.**  
**STREET ADDRESS** **5020 S.W. 201ST TERRACE**  
**CITY-ST-ZIP** **SOUTHWEST RANCHES FL 33332**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
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**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. 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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**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. 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.**

**SIGNATURE:**

*[Signature]* **J. BRIAN DALRYMPLE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/28/03 954-587-3347**  
Date Daytime Phone #

CR2E034 (10/02)