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

## P97000016086 DOCUMENT #

1. Entity Name

VANVALKENBURG ENTERPRISES, INC.



## **FILED** Jan 06, 2003 8:00 am Secretary of State 01-06-2003 90046 010 \*\*\*150.00

Zip Country	d For oplicable
Suite, Apt. #, etc.  City & State  City & State  City & State  City & State  Country  Zip  Country  5. Certificate of Status Desired Status Desired Fee Required Fee Required Fee Required Fee Required Fee Required Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  City  Signature, lypead or printed name of registered agent and tale if apopticable  FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  OFFICERS AND DIRECTORS  11.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  VANVALKENBURG, KAMELA  Street Address (P.O. Box Number is Not Acceptable)  Applications of registered agent, or both, in the State of Florida. I am familiar with, an interest agent and tale if apopticable.  (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 State  OFFICERS AND DIRECTORS  11.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  MAKE  VANVALKENBURG, KAMELA	plicable
City & State  City & State  City & State  City & State  Country  Country  Country  59-3430021  Application  58.75 Addition  Fee' Required  6. Name and Address of Current Registered Agent  Name  VANVALKENBURG, KAMELA  4651 BABCOCK ST. NE  SUITE 6-B  PALM BAY FL 32905  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, an the obligations of registered agent.  SignATURE  Signature, types or printed name of registered agent and title if applicable  NOTE: Registered Agent signature required when renattating)  PATE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III.  Not A FEI Number  59-3430021  \$8.75 Additic  Fee' Required  PAPPL  Name  **ONTE Registered Agent signature required when renattating)  PATE  **OTHER Signature, types or printed name of registered agent and title if applicable  NOTE: Registered Agent signature required when renattating)  PATE  **OTHER Signature, types or printed name of registered agent and title if applicable  NOTE: Registered Agent signature required when renattating)  PATE  **OTHER Signature, types or printed name of registered agent and title if applicable  NOTE: Registered Agent signature required when renattating)  PATE  **OTHER Signature, types or printed name of registered agent and title if applicable  **OTHER Signature, types or printed name of registered agent and title if applicable  NOTE: Registered Agent signature required when renattating)  PATE  **OTHER Signature, types or printed name of registered agent and title if applicable  NOTE: Registered Agent signature required when renattating)  PATE  **OTHER Signature, types or printed name of registered agent and title if applicable  NOTE: Registered Agent signature required when renattating)  PATE  **OTHER Signature, types or printed name o	plicable
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TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TO Delete  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  Thereby 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 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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes.	Addition

indicated on this report or supplier 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: