

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000054461

1. Entity Name

VAN DER VALK DESIGN, INC.

FILED

Mar 07, 2001 8:00 am
Secretary of State

03-07-2001 90178 001 *1,950.00

Principal Place of Business

Mailing Address

~~316 N JOHN YOUNG PKWY~~
~~STE 14~~
~~KISSIMMEE FL 34741~~

~~200 E. ROBINSON STREET~~
~~SUITE 500~~
~~ORLANDO FL 32801~~

28904

2. Principal Place of Business

3. Mailing Address

4555 E Windmill Dr.
Suite, Apt. #, etc.

P O Box 430401
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Inverness FL

City & State

Kissimmee FL

4. FEI Number 59-3505336

Applied For

Not Applicable

Zip 34453

Country USA

Zip 34743

Country USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLORIDA CORPORATE SUPPORT, INC.
200 E. ROBINSON STREET
SUITE 500
ORLANDO FL 32801

Name Ideal Opportunities Inc
Street Address (P.O. Box Number 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

Signature, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

P J Groenendijk President

3/2/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	MATSER, CHRISTIANN F	
STREET ADDRESS	316 N JOHN YOUNG PKWY STE 14	
CITY-ST-ZIP	KISSIMMEE FL 34741	
TITLE	D	<input type="checkbox"/> Delete
NAME	GROENENDIJK, PETER	
STREET ADDRESS	316 N JOHN YOUNG PKWY STE 14	
CITY-ST-ZIP	KISSIMMEE FL 34741	
TITLE	PS	<input type="checkbox"/> Delete
NAME	GROENENDIJK, ANNELESE	
STREET ADDRESS	316 N JOHN YOUNG PKWY STE 14	
CITY-ST-ZIP	KISSIMMEE FL 34741	
TITLE	V	<input type="checkbox"/> Delete
NAME	MATSER, INGRID	
STREET ADDRESS	316 N JOHN YOUNG PKWY STE 14	
CITY-ST-ZIP	KISSIMMEE FL 34741	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Christiaan G Matser	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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

P J Groenendijk Dir

3/2/01

407 944 9515

Daytime Phone #

CR2E034 (10/00)