

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

**FILED**  
**May 30, 2002 8:00 am**  
**Secretary of State**

05-30-2002 91603 020 \*\*\*150.00

**DOCUMENT #**

1. Entity Name

Vanderlan, Inc. P97000082978

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

810 Alushaba Ln.

Suite, Apt. #, etc.

3. Mailing Address

PO Box 362

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Cantonment, FL

City & State

Cantonment, FL

4. FEI Number

59-3470418

Applied For

Not Applicable

Zip

32533

Country

US

Zip

32533

Country

US

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent -

Name

Wesley B. von Riedenauer

Street Address (P.O. Box Number is Not Acceptable)

810 Alushaba Ln.

City

Cantonment

FL

Zip Code

32533

**DO NOT WRITE  
IN THIS SPACE**

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) ☒

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$81.25**

**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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P Wesley B. von Riedenauer  
810 Alushaba Ln.  
Cantonment, FL 32533

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
G. Michelle Riley  
810 Alushaba Ln.  
Cantonment, FL 32533

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 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 #

CR2E034B (12/01)