
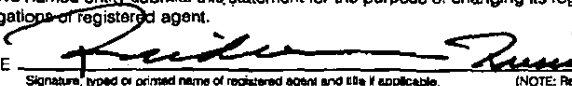
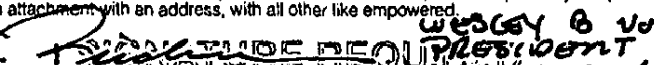


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-03-2003 90162 039 ***150.00

| | | | |
|---|---|---|--|
| DOCUMENT # P97000082978 | |  | |
| 1. Entity Name VANDERLAN, INC. | | | |
| Principal Place of Business 810 ALYSHEBA LANE CANTONMENT FL 32533 | | Mailing Address P.O. BOX 362 CANTONMENT FL 32533 | |
| 2. Principal Place of Business | | 3. Mailing Address 947 N. White St. | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State NEW ORLEANS LA | |
| Zip | Country | Zip | Country |
| 32533 | | 70119 | |
| 4. FEI Number 59-3470418 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| VON RIENENAUER, WESLEY B. VON RIENENAUER, WESLEY B 810 ALYSHEBA LANE CANTONMENT FL 32533 810 ALYSHEBA LANE CANTONMENT FL 32533 | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 810 ALYSHEBA LANE CANTONMENT FL 32533 810 ALYSHEBA LANE CANTONMENT FL 32533 | | 947 N. White St. NEW ORLEANS LA 70119 947 N. White St. NEW ORLEANS LA 70119 | |
| 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  | | Date 03/20/03 | |
| 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. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE | PS RIEDENAUER, W | TITLE | Change <input type="checkbox"/> Addition |
| NAME | RIEDENAUER, W | NAME | |
| STREET ADDRESS | 810 ALYSHEBA LANE 810 Alysheba Ln | STREET ADDRESS | 947 N. White St. 947 N. White Street |
| CITY-ST-ZIP | CANTONMENT FL 32533 CANTONMENT FL 32533 | CITY-ST-ZIP | NEW ORLEANS LA 70119 NEW ORLEANS LA 70119 |
| TITLE | VP | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RIEY, GINNA M | NAME | |
| STREET ADDRESS | 810 ALYSHEBA LANE | STREET ADDRESS | 947 N. White Street |
| CITY-ST-ZIP | CANTONMENT FL 32533 | CITY-ST-ZIP | NEW ORLEANS LA 70119 |
| TITLE | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | 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:  | | Date 03/20/03 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR WESLEY B VON RIEDENAUER | | Daytime P 504 821 0688 | |

CR2034 (10/02)