


**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  
Suite, Apt. #, etc.

3. Mailing Address  
**947 N. White St.**  
Suite, Apt. #, etc.

City & State  
~~NEW ORLEANS LA~~

4. FEI Number **59-3470418** Applied For  Not Applicable

Zip Country **70119** Country

6. Name and Address of Current Registered Agent  
~~VON RIEDENAUER, WESLEY B.  
VON RIEDENAUER, WESLEY B  
810 ALYSHEBA LANE  
CANTONMENT FL 32533~~  
**810 ALYSHEBA LANE  
CANTONMENT FL 32533**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

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]* **Resident, Vanderlan Inc** **03/20/03**  
Signature, typed or printed name of registered agent and title if applicable. (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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PS RIEDENAUER, W 810 ALYSHEBA LANE CANTONMENT FL 32533</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP RIEY, GINNA M 810 ALYSHEBA LANE CANTONMENT FL 32533</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>810 Alysheba Lane CANTONMENT FL 32533</del> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>947 N. White Street NEW ORLEANS LA 70119</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* **Wesley B von Riedenaue** **504**  
**RESIDENT** **03/20/03**  
**VANDERLAN INC** **03/20/03**  
Signature and typed or printed name of signing officer or director Date Daytime P

CR2034 (10/02)