

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90026 050 ***150.00

0045890

DOCUMENT # P99000008321

1. Entity Name
VANDALIN, INC.

Principal Place of Business
**655 MAGIC CT.
 ALTAMONTE SPRINGS FL 32714**

Mailing Address
**655 MAGIC CT.
 #193
 ALTAMONTE SPRINGS FL 32714**

2. Principal Place of Business
125 Long Pine Dr
 Suite, Apt. #, etc.

3. Mailing Address
125 Long Pine Dr
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Deltona, FL
 Zip
32725
 Country
Volusia

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Deltona, FL
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 Country
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4. FEI Number **59-3555786**
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**MOSES, LINDA L
 655 MAGIC CT.
 ALTAMONTE SPRINGS FL 32714**

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 Delete
VPT
 NAME **SPARKS, STAN**
 STREET ADDRESS **655 MAGIC CT #193**
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
CS
 NAME **SPARKS, ANDREA**
 STREET ADDRESS **33 2ND PLACE #4**
 CITY-ST-ZIP **LONG BEACH CA 90802**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
S
 NAME **CLAY, SHERRY**
 STREET ADDRESS **1688 W AVE #403**
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
PCEO
 NAME **MOSES, LINDA**
 STREET ADDRESS **655 MAGIC CT #193**
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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: Linda L Moses Linda L Moses 4-26-01 407-860-5008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)