

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000008321**

1. Entity Name

VANDALIN, INC.**FILED****May 02, 2001 8:00 am**
Secretary of State

05-02-2001 90026 050 ***150.00

0045890

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

City & State

Deltona, FL

4. FEI Number 59-3555786

Applied For

Not Applicable

Zip

32725

Country

Volusia

Zip

32725

Country

Volusia

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

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) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE VPT
NAME SPARKS, STAN
STREET ADDRESS 655 MAGIC CT #193
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714 ☐ DeleteTITLE CS
NAME SPARKS, ANDREA
STREET ADDRESS 33 2ND PLACE #4
CITY-ST-ZIP LONG BEACH CA 90802 ☐ DeleteTITLE S
NAME CLAY, SHERRY
STREET ADDRESS 1688 W AVE #403
CITY-ST-ZIP MIAMI BEACH FL 33139 ☐ DeleteTITLE PCEO
NAME MOSES, LINDA
STREET ADDRESS 655 MAGIC CT #193
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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)