

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000042641

1. Entity Name
VAN DER VALK TRADEWINDS, INC.

FILED
Mar 07, 2001 8:00 am
Secretary of State

03-07-2001 90178 001 *1,950.00

Principal Place of Business
316 NORTH JOHN YOUNG PARKWAY
SUITE 14
KISSIMMEE FL 34741

Mailing Address
~~200 E ROBINSON ST~~
~~STE 500~~
~~ORLANDO FL 32801~~
~~US~~

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
P O Box 430401

City & State
Kissimmee FL

City & State
Kissimmee FL

Zip
34743

Country
USA

4. FEI Number 59-3571270

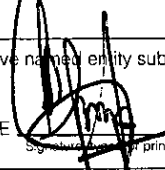
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
FLORIDA CORPORATE SUPPORT, INC.
200 E ROBINSON ST
STE 500
ORLANDO FL 32801

7. Name and Address of New Registered Agent
Name Ideal Opportunities Inc
Street Address (P.O. Box Number is Not Acceptable)
316 N John Young Pky
Suite 14
City Kissimmee FL Zip Code 34741

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  P J Groenendijk President 3/2/01

(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

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 NAME STREET ADDRESS CITY-ST-ZIP	PD GROENENDIJK, PETER J 1555 E. WINDMILL DR. INVERNESS FL 34453 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 316 N John Young Pky Ste 14 Kissimmee FL 34741
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VD Chris tiaan G. Matser 316 N John Young Pky Ste 14 Kissimmee FL 34741
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  P J Groenendijk Pres 3/2/01 407 944 9575

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)