

2001 UNIFORM BUSINESS REPORT (UBR)

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

03-07-2001 90178 001 *1,950.00

DOCUMENT # P99000057442

1. Entity Name
W.B.C. INVESTMENT, INC.

Principal Place of Business Mailing Address
PO BOX 430401 **200 E. ROBINSON ST STE 500**
KISSIMMEE FL 34743 **ORLANDO FL 32801**

2. Principal Place of Business 3. Mailing Address
PO Box 430401

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Kissimmee FL

Zip Country Zip Country
34743 USA

4. FEI Number **59-3625428** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLORIDA CORPORATE SUPPORT, INC.
200 E. ROBINSON STREET STE 500
ORLANDO FL 32801

Name **Ideal Opportunities Inc**
Street Address (P.O. Box Number is Not Acceptable)
316 N John Young Pkwy
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** DATE **3/2/01**
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 NAME STREET ADDRESS CITY-ST-ZIP	SD GROENENDIJK, PETER J PO BOX 430401 KISSIMMEE FL 34743	<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	PD HULSENBECK, WILLEM B PO BOX 430401 KISSIMMEE FL 34743	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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, Sec** DATE **3/2/01** 407 944 9515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

UBR01/0

CR2E034 (10/00)