

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 12, 2001 8:00 am
Secretary of State

02-12-2001 90247 025 ***150.00

DOCUMENT # P99000109139

1. Entity Name
VDAC CORPORATION

Principal Place of Business

**3773 DOMESTIC AVE.
NAPLES FL 34104**

Mailing Address

**3773 DOMESTIC AVE.
NAPLES FL 34104**

2. Principal Place of Business

3737 Domestic Ave

Suite, Apt. #, etc.

2A

3. Mailing Address

3737 Domestic Ave

Suite, Apt. #, etc.

2A

City & State

Naples FL

City & State

Naples FL

Zip

34104

Country

Collier

Zip

34104

Country

Collier

4. FEI Number

59-3614284

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PITKIN, JERALD R ESQ
4947 TAMiami TR. N., STE. 202
NAPLES FL 34103**

7. Name and Address of New Registered Agent

Name

William Van Duyn

Street Address

3737 Domestic Ave 2A

City

Naples FL

FL

Zip Code

34104

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

William Van Duyn

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

01-29-001

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	VAN DUYN, WILLIAM	
STREET ADDRESS	1430 JEWEL BOX AVE.	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE	TD	<input type="checkbox"/> Delete
NAME	APEL, GREG	
STREET ADDRESS	1827 BROWN DEER COVE	
CITY-ST-ZIP	CORALVILLE IA 52241	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CHASE, CARL	
STREET ADDRESS	9733 LITCHFIELD LN.	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William Van Duyn

Date

Daytime Phone #

1-29-001 9414030355

CR2E034 (10/00)