

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3737 Domestic Ave	3. Mailing Address 3737 Domestic Ave
Suite, Apt. #, etc. 2A	Suite, Apt. #, etc. 2A
City & State Naples FL	City & State Naples FL

4. FEI Number 59-3614284	Applied For <input type="checkbox"/> Not Applicable
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Zip 34104	Country Collier	Zip 34104	Country Collier
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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**
 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** 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 NAME STREET ADDRESS CITY-ST-ZIP	PD VAN DUYN, WILLIAM 1430 JEWEL BOX AVE. NAPLES FL 34109 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD APEL, GREG 1827 BROWN DEER COVE CORALVILLE IA 52241 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHASE, CARL 9733 LITCHFIELD LN. NAPLES FL 34109 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: **William Van Duyn** DATE: **1-29-001** DAYTIME PHONE #: **9414030355**

CR2E034 (10/00)