

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 12, 2003 8:00 am**  
**Secretary of State**

03-12-2003 90118 008 \*\*\*150.00

**DOCUMENT # S44485**



1. Entity Name  
**VANDERPOL ENTERPRISES, INC.**

Principal Place of Business  
**4898 STARLINE DR  
ST CLOUD FL 34771  
US**

Mailing Address  
**4898 STARLINE DR  
ST CLOUD FL 34771  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3065972**

Applied For  
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip Country

Zip Country

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

**VANDERPOL, MARLENE  
4898 STARLINE DRIVE  
SAINT CLOUD FL 34771**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>STD</b>	<input type="checkbox"/> Delete
NAME	<b>VANDER POL, MARLENE</b>	
STREET ADDRESS	<b>4898 STARLINE DRIVE</b>	
CITY-ST-ZIP	<b>SAINT CLOUD FL 34771</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>VANDER POL, DOUGLES</b>	
STREET ADDRESS	<b>4898 STARLINE DRIVE</b>	
CITY-ST-ZIP	<b>SAINT CLOUD FL 34771</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>VANDER POL, MARK</b>	
STREET ADDRESS	<b>4898 STARLINE DRIVE</b>	
CITY-ST-ZIP	<b>SAINT CLOUD FL 34771</b>	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARLENE VANDERPOL **MARLENE VANDERPOL** 3/10/03 4099572744  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)