

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90772 050 \*\*\*150.00

**DOCUMENT # J29864**

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



Principal Place of Business  
**755 W PINWOOD CT  
LAKE MARY FL 32746  
US**

Mailing Address  
**755 W PINWOOD CT  
LAKE MARY FL 32746  
US**

2. Principal Place of Business  
**205 BROM BONES LANE**

3. Mailing Address  
**205 BROM BONES LANE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**LONGWOOD FLORIDA**

City & State  
**LONGWOOD FLORIDA**

Zip  
**32750**

Country  
**USA**

Zip  
**32750**

Country  
**USA**

4. FEI Number  
**59-2737029**

Applied For  
☐ Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PORTA, PETER S.  
755 W. PINWOOD CT.  
LAKE MARY FL 32746**

Name  
**PORTA, PETER S.**  
Street Address (P.O. Box Number is Not Acceptable)  
**12636 VICTORIA PLACE CIRCLE  
#9-122**  
City  
**ORLANDO** FL Zip Code  
**32828**

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 **Peter S. Porta CEO**

**MARCH 7, 2003**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CVSD  
PORTA, PETER S.  
755 W. PINWOOD CT.  
LAKE MARY FL** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**12636 VICTORIA PLACE CIRCLE #9-122  
ORLANDO, FL 32828** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PTD  
AGUIRRE, RALPH E. JR.  
205 BROM BONES LANE  
LONGWOOD FL** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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: **Peter S. Porta**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MARCH 7, 2003 407 321-2100**

Date Daytime Phone #

CR2E034 (10/02)