

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90106 035 \*\*\*150.00

**DOCUMENT # K72398**

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

Principal Place of Business  
**4444 TAMiami TRAIL NORTH**  
**MARCO ISLAND FL 33940**

Mailing Address  
**4530 TAMiami TRAIL N. #4**  
**NAPLES FL 34103**



2. Principal Place of Business

3. Mailing Address

**3096 TAMiami TR. N. #3**

**3096 TAMiami TR. N.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**#3**

**#3**

City & State

City & State

**NAPLES FL**

**NAPLES FL.**

Zip

Country

Zip

Country

**34103**

**USA**

**34103**

**USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0100007**

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

**VENEZIALE, JOAN**  
**4630 TAMiami TRAIL N.**  
**NAPLES FL 34103**

Name

**JOAN VENEZIALE**

Street Address (P.O. Box Number is Not Acceptable)

**3096 TAMiami TR. N #3**

City

**NAPLES**

FL

Zip Code

**34103**

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

*[Handwritten Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-17-02**

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, 2002 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>VENEZIALE, JOAN</b>	
STREET ADDRESS	<b>4530 TAMiami TRAIL N.</b>	
CITY-ST-ZIP	<b>NAPLES FL 34103</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BOZICNIK, AMY P.</b>	
STREET ADDRESS	<b>4530 TAMiami TRAIL N.</b>	
CITY-ST-ZIP	<b>NAPLES 34103</b>	
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		

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

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-17-02**

Date

**941-262-4444**

Daytime Phone #

CR2E034 (9/01)