

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 03, 2002 8:00 am**  
**Secretary of State**

06-03-2002 91164 002 \*\*\*150.00

**DOCUMENT # P01000108744**

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

Principal Place of Business

**623 VIRGINIA AVE.  
 HOLLY HILL FL 32117**

Mailing Address

**623 VIRGINIA AVE.  
 HOLLY HILL FL 32117**

2. Principal Place of Business

**County of Volusia**

3. Mailing Address

**168 Quail Ct**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**168 Quail Ct.**

City & State

**Port Orange, FL.**

City & State

**PORT ORANGE FL**

Zip

Country

**32127 USA**

Zip

Country

**32127 USA**

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PASSAMONTE, PAUL F II  
 623 VIRGINIA AVE.  
 HOLLY HILL FL 32117**

Name

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

**168 Quail Ct.**

City

**Port Orange**

FL

Zip Code

**32127**

7. Name and Address of New Registered Agent

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 **X**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE **DPST.** ☐ Delete  
 NAME **PASSAMONTE, PAUL F II**  
 STREET ADDRESS **623 VIRGINIA AVE.**  
 CITY-ST-ZIP **HOLLY HILL FL 32117**

TITLE **DV** ☐ Delete  
 NAME **PASSAMONTE, MICHELLE**  
 STREET ADDRESS **623 VIRGINIA AVE.**  
 CITY-ST-ZIP **HOLLY HILL FL 32117**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **DV** ☒ Change ☐ Addition  
 NAME **PASSAMONTE, MICHELLE**  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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

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

TITLE ☐ Change ☐ 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: **X**

**PAUL F II PASSAMONTE**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/29/02**

Date

Daytime Phone #

CR2E034 (9/01)