

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2001 8:00 am
Secretary of State

05-19-2001 90277 007 ***150.00

DOCUMENT # **016000033934**

1. Entity Name

Vonporr Enterprises, Inc.

Principal Place of Business

2424 Pear Tree Court
 Orlando, Fl 32807

Mailing Address

2424 Pear Tree Court
 Orlando, Fl 32807

2. Principal Place of Business

2424 Pear Tree Court

Suite, Apt. #, etc.

3. Mailing Address

685-B Georgia Avenue

Suite, Apt. #, etc.

City & State
 Orlando, Florida

City & State
 Longwood, Florida

4. FEI Number

59-3372371

Applied For

Not Applicable

Zip

32807

Country

USA

Zip

32750

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

768444

6. Name and Address of Current Registered Agent

DeLude, Edward G.
 103 East Lauren Court
 Fern Park, Florida 32730

7. Name and Address of New Registered Agent

Name

Rosa DeVore

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

685-B Georgia Avenue

City

Longwood,

FL

Zip Code

32750

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

Rosa DeVore

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

(NOTE: Registered Agent Signature required when reinstating)

4/27/01

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, 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 **P/T** NAME **Rodney Porr** ☐ Delete
 STREET ADDRESS **2424 Pear Tree Court**
 CITY-ST-ZIP **Orlando, Florida 32807**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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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:

Rosa DeVore

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01

Date

(407)830-0297

Daytime Phone #

CR2E034 (11/00)