

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91151 011 \*\*\*150.00

**DOCUMENT #** P96000033934

1. Entity Name

Von Porr Enterprises, Inc.



**Principal Place of Business**  
2424 Pear Tree Court  
Orlando, Florida 32807

**Mailing Address**  
685-B Georgia Avenue  
Longwood, FL 32750

11040000



☐ CHECK HERE IF MAKING CHANGES

|                                       |         |                            |         |   |  |   |  |
|---------------------------------------|---------|----------------------------|---------|---|--|---|--|
| <b>2. Principal Place of Business</b> |         | <b>3. Mailing Address:</b> |         | <b>4. FEI Number</b>                    |  | <b>Applied For</b>                      |  |
| Suite, Apt. #, etc.                   |         | Suite, Apt. #, etc.        |         | 59-3372371                              |  | <input type="checkbox"/> Not Applicable |  |
| <b>City &amp; State</b>               |         | <b>City &amp; State</b>    |         | <b>5. Certificate of Status Desired</b> |  | <b>\$8.75 Additional Fee Required</b>   |  |
| Zip                                   | Country | Zip                        | Country | <input type="checkbox"/>                |  |   |  |

|   |  |   |  |
|---|--|---|--|
| <b>6. Name and Address of Current Registered Agent</b>    |  | <b>7. Name and Address of New Registered Agent</b>                                |  |
| DEVORE, ROSA L<br>685-B GEORGIA AVE.<br>LONGWOOD FL 32750 |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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** \_\_\_\_\_ (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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PT Porr Rodney<br>2424 Pear Tree Court<br>Orlando, Florida 32807 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-830-0297

Date

Daytime Phone #