

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0124178 AT

DOCUMENT # P02000126967

1. Entity Name
CINGCAPRI ENTERPRISES, INC.



FILED

03 OCT -9 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 03

☒ CHECK HERE IF MAKING CHANGES

Principal Place of Business
6359 SCHWAB DR
PENSACOLA FL 32506

Mailing Address
6359 SCHWAB DR
PENSACOLA FL 32506

2. Principal Place of Business
6359 Schwab DR.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Pensacola, FL

City & State

4. FEI Number
14-1896582

Applied For
Not Applicable

Zip
32504

Country
U.S.

Zip

Country

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

BEASLEY, MICHAEL W
683 SEAPINE CIR
PENSACOLA FL 32506

Name

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

586023669905
10/09/03--01063--024

City

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V/S/D
Capri Williams
6359 Schwab Dr.
Pensacola, FL 32504

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P/D
Phyllis M. Hardaway
6359 Schwab Dr.
Pensacola, FL 32504

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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 REQUIRED Capri Williams

10/10/03

850-473-8893

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

CingCapri Enterprises Inc.
6359 Schwab Dr.
Pensacola, Florida 32504
850-473-8893 Phone
850-478-9686 Fax

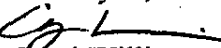
Division Of Corporations
Uniform Business Report Filings

To Whom It May Concern:

This letter is to certify that the above corporation has not conducted any business transactions, nor entered into any contracts before the corporation was dissolved by the Divisions of Corporations. The corporation was filled December 2, 2002. I, Capri Williams, director of the above corporation, was working with the Department of Defense, Appropriated Funds (AFFES) in AFNORTH, Netherlands. I returned to the U.S. in August, therefore I did not receive the first UBR notice. I also affirm the above corporation does not, and has not opened a bank account. The above corporation FEI Number was requested and received on September 26, 2003.

I request that the above corporation be reinstated as an active corporation, and have enclosed the \$150.00 filling fee.

Thank you,


Capri Williams
Director