

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 21, 2002 8:00 am**  
**Secretary of State**  
 04-21-2002 90886 027 \*\*\*150.00

0001427 AT

**DOCUMENT # F01000006078**  
 1. Entity Name  
**O'ROURKE ENTERPRISES, INC.**

Principal Place of Business      Mailing Address  
**273 WATERS EDGE DR**      **P.O. BOX 2473**  
**PONTE VEDRA BEACH FL 32082**      **PONTE VEDRA BEACH FL 32004**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**400 EAST BAY STREET**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**#906**  
 City & State      City & State  
**JACKSONVILLE, FLORIDA**  
 Zip      Country      Zip      Country  
**32202**      **U.S.A.**

4. FEI Number      Applied For  
**59-3586949**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**MEUX, JOSEPH CLAY JR**  
**LAW OFFICES OF A. HAMILTON COOKE, P.A.**  
**1301 RIVERPLACE BLVD SUITE 2254**  
**JACKSONVILLE FL 32207-9036**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 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.  
 SIGNATURE      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	CP	<input type="checkbox"/> Delete
NAME	O'ROURKE, VINCENT B	
STREET ADDRESS	273 WATERS EDGE DR	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	DV	<input type="checkbox"/> Delete
NAME	O'ROURKE, MATTHEW	
STREET ADDRESS	3359 PICADILLY LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	DT	<input type="checkbox"/> Delete
NAME	O'ROURKE, MICHAEL	
STREET ADDRESS	3359 PICADILLY LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	DS	<input type="checkbox"/> Delete
NAME	O'ROURKE, BRENDAN	
STREET ADDRESS	273 WATERS EDGE DR	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<b>ADDRESSES ONLY</b>
STREET ADDRESS	400 EAST BAY STREET, #906	
CITY-ST-ZIP	JACKSONVILLE, FL 32202	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<b>ADDRESSES ONLY</b>
STREET ADDRESS	101-1 VILLA DEL MAR, UNIT G	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<b>ADDRESSES ONLY</b>
STREET ADDRESS	101-1 VILLA DEL MAR, UNIT G	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<b>ADDRESSES ONLY</b>
STREET ADDRESS	400 EAST BAY STREET, #906	
CITY-ST-ZIP	JACKSONVILLE, FL 32202	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:      **VINCENT B. O'ROURKE**      **PRESIDENT**      **4/12/02**      **904-509-8206**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)