

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2002 8:00 am
Secretary of State

04-21-2002 90886 027 ***150.00

DOCUMENT # F01000006078

1. Entity Name

O'ROURKE ENTERPRISES, INC.

Principal Place of Business

**273 WATERS EDGE DR
 PONTE VEDRA BEACH FL 32082**

Mailing Address

**P.O. BOX 2473
 PONTE VEDRA BEACH FL 32004**

2. Principal Place of Business

3. Mailing Address

400 EAST BAY STREET

Suite, Apt. #, etc.

#906

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FLORIDA

City & State

Zip

32202

Country

U.S.A.

Zip

Country

4. FEI Number

59-3586949

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MEUX, JOSEPH CLAY JR

LAW OFFICES OF A. HAMILTON COOKE, P.A.

1301 RIVERPLACE BLVD SUITE 2254

JACKSONVILLE FL 32207-9036

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CP** ☐ Delete
 NAME **O'ROURKE, VINCENT B**
 STREET ADDRESS **273 WATERS EDGE DR**
 CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE ☒ Change ☐ Addition
 NAME **ADDITIONS ONLY**
 STREET ADDRESS **400 EAST BAY STREET, #906**
 CITY-ST-ZIP **JACKSONVILLE, FL 32202**

TITLE **DV** ☐ Delete
 NAME **O'ROURKE, MATTHEW**
 STREET ADDRESS **3359 PICADILLY LANE**
 CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE ☒ Change ☐ Addition
 NAME **ADDITIONS ONLY**
 STREET ADDRESS **101-1 VILLA DEL MAR, UNIT G**
 CITY-ST-ZIP **PONTE VEDRA BEACH, FL 32082**

TITLE **DT** ☐ Delete
 NAME **O'ROURKE, MICHAEL**
 STREET ADDRESS **3359 PICADILLY LANE**
 CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE ☒ Change ☐ Addition
 NAME **ADDITIONS ONLY**
 STREET ADDRESS **101-1 VILLA DEL MAR, UNIT G**
 CITY-ST-ZIP **PONTE VEDRA BEACH, FL 32082**

TITLE **DS** ☐ Delete
 NAME **O'ROURKE, BRENDAN**
 STREET ADDRESS **273 WATERS EDGE DR**
 CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE ☒ Change ☐ Addition
 NAME **ADDITIONS ONLY**
 STREET ADDRESS **400 EAST BAY STREET, #906**
 CITY-ST-ZIP **JACKSONVILLE, FL 32202**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ 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:

Vincent B. O'Rourke **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)