

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 15, 2002 8:00 am
Secretary of State

07-15-2002 90185 007 ***550.00

DOCUMENT # F22934

1. Entity Name

ROURKE ENTERPRISES, INC.

Principal Place of Business

**4100 N A1A
 433
 FORT PIERCE FL 34949**

Mailing Address

**65 SADDLEBACK LANE/BALLYMEADE
 E. FALMOUTH MA 02536
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2082566

Applied For

Not Applicable

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

**ROURKE, RAYMOND L
 65 SADDLEBACK LN-BALLYMEADE
 E. FALMOUTH FL 02536**

Name

RAYMOND L. ROURKE

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

4100 N. A1A

City

FORT PIERCE

FL

Zip Code

34949

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

Raymond L. Rourke

RAYMOND L. ROURKE

Raymond L. Rourke

DATE

7/7/02

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

(NOTE: Registered Agent signature required when reinstating)

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 \$550.00
 After September 13, 2002 Fee will be \$750.00
 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 **DP** ☐ Delete
 NAME **ROURKE, RAYMOND L**
 STREET ADDRESS **65 SADDLEBACK LANE/BALLYMEADE**
 CITY-ST-ZIP **E. FALMOUTH MA 02536**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:

Raymond L. Rourke

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/8/02

Date

508 495 9901

Daytime Phone #

CR2E034 (4/02)