

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P01000062499**

1. Entity Name

CINSER, INC.

FILED
Aug 25, 2002 8:00 am
Secretary of State

08-08-2002 90091 015 ***158.75

41951

DO NOT WRITE IN THIS SPACE

Principal Place of Business

10506 OSCEOLA DRIVE
NEW PORT RICHEY FL 34654

Mailing Address

10506 OSCEOLA DRIVE
NEW PORT RICHEY FL 34654

2. Principal Place of Business

10506 OSCEOLA DRIVE

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NEW PORT RICHEY

City & State

SAME

Zip

34654

Country

PASCO

Zip

Country

FEL Number

59-3734380

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

ROSCONI, OMAR NORBERTO

10506 OSCEOLA DRIVE
NEW PORT RICHEY FL 34654

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

OMAR N. ROSCONI

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

(NOTE: Registered Agent signature required when reinstating)

Aug. 1, 2002

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 \$550.00**
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPPRES.
ROSCONI, OMAR NORBERTO
10506 OSCEOLA DRIVE
NEW PORT RICHEY FL 34654☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

OMAR N. ROSCONI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AUG. 1, 2002

Date

427-862-8868

CR2E034 (4/02)

Attachment
41951

Cincer Inc.
Omar N. Rosconi - President
10506 Osceola
New Port Richey, FL 34654

August 19, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Document No. PO100006249

SUBJECT: Re-submittal of Uniform Business Report

Enclosed, please find the re-sumittal of above indicated subject, with the information as requested. Please observe that included with the \$150 dollars previously required, I added the "Additional Fee Required" of \$8.75 during the first submittal.

Thank you for your kind correspondence.

Regards,


Omar N. Rosconi