

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P01000113952**

1. Entity Name
CINQUE ENTERPRISES, INC.

Principal Place of Business
**P.O. BOX 934
JACKSONVILLE FL 32201**

Mailing Address
**P.O. BOX 934
JACKSONVILLE FL 32201**

2. Principal Place of Business
1531 N. Laura st

3. Mailing Address
1531 N. Laura st

Suite, Apt. #, etc.
Suite, Apt. #, etc.

City & State
Jacksonville FL

City & State
Jacksonville FL

Zip
32206

Country
Duval

Zip
32206

Country
Duval

4. FEI Number
59-3758621

Applied For
Not Applicable

5. Certificate of Status Desired
 \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DEWAN, DEVRY
7006 ATLANTIC BLVD.
JACKSONVILLE FL 32211**

7. Name and Address of New Registered Agent

Name **Christine O'Reilly**
Street Address (P.O. Box Number is Not Acceptable)
1531 N. Laura st
City **Jacksonville** FL **32206**

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 **12/1/02**

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**

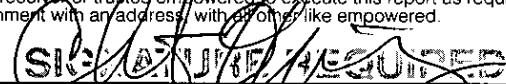
10. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Christine O'Reilly 1531 N. Laura st Jacksonville FL 32206	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4000009415144 12/09/02-01037-012 **150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 any address, with my other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/1/02

Daytime Phone #

0113445 AT

CR2E034 (4/02)

**Cinque Enterprises
1531 North Laura Street
Jacksonville, Florida 32206
904.993.6583**

December 1, 2002

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302

To Whom It May Concern:

Enclosed, please find the \$150 filing fee.

I just received the first notice from the Department of State last week that this fee was due. My husband handled the business aspect of our corporation. Unfortunately, he passed away earlier this year before we even got our business started. I recently discovered he had rented a PO Box for some of our mail, and immediately found the notice to file the uniform business report.

Please forward all future mail to the above address, and note the registered agent has changed.

There is currently no activity in the corporation, but I would like to keep it active for future use. Do you have a list of items, fees and taxes which I need to file and when they are due?

— Thank you for your cooperation. Please contact me with any questions. —

Sincerely,



Christine O'Reilly
President