

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90027 039 ***150.00

DOCUMENT # P97000105031

1. Entity Name

CINCO PARTNERS, INC.

Principal Place of Business

**ONE INDEPENDENT DRIVE, SUITE 3000
 JACKSONVILLE FL 32202**

Mailing Address

**937 BIRDWOOD DR
 ORANGE PARK FL 32073
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

937 BIRDWOOD DR

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1672

Suite, Apt. #, etc.

City & State

ORANGE PARK

City & State

ORANGE PARK FL

4. FEI Number

59-3483382

Applied For

Not Applicable

Zip

FL

Country

USA

Zip

32073

Country

USA

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HENDERSON, SHARON R

**ONE INDEPENDENT DRIVE, SUITE 3000
 JACKSONVILLE FL 32202**

7. Name and Address of New Registered Agent

Name

RAX CO C/O SHARON R. HENDERSON

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

50 S. LAURA ST STE 3300

City

JACKSONVILLE

FL

Zip Code

32207

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.

RAX CO, a Florida Corporation

SIGNATURE

By: Sharon R. Henderson

3/20/02

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

TITLE ☐ Delete
 NAME **P**
 STREET ADDRESS **BRADY, MR DALE**
 CITY-ST-ZIP **937 BIRDWOOD DR
 ORANGE PARK FL 32073**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
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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:

DALE BRADY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/2002 904-264-0845

Date

Daytime Phone #

CR2E034 (9/01)