

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000082510

1. Entity Name

CYNSERE ENTERPRISES, INC.

f

FILED

Sep 15, 2000 8:00 am
Secretary of State

09-15-2000 90016 015 ***150.00

Principal Place of Business

219 MINNESOTA WOODS LANE
ORLANDO FL 32824-8684

Mailing Address

219 MINNESOTA WOODS LANE
ORLANDO FL 32824-8684

2. Principal Place of Business

9565 S. ORANGE BLOSSOM TR.

3. Mailing Address

PO BOX 772411

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO, FL

4. FEI Number

59-3596763

Applied For

Not Applicable

Zip

32837

Country

USA

Zip

32877

Country

USA

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

MCCARTY, CYNSERE F
219 MINNESOTA WOODS LANE
ORLANDO FL 32824-8684

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

Cynsere L. McCarty

9.11.00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME MCCARTY, ISAAC L
STREET ADDRESS 219 MINNESOTA WOODS LANE
CITY-ST-ZIP ORLANDO FL 32824-8684

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VSTD
NAME MCCARTY, CYNSERE F
STREET ADDRESS 219 MINNESOTA WOODS LANE
CITY-ST-ZIP ORLANDO FL 32824-8684

☐ Delete

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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:

Cynsere L. McCarty

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9.11.00

Date

407 856 8300

Daytime Phone #

CR2E034 (5/00)

Robinson Accounting

09/11/00

Attachment
#P99000082510
A0578486

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

To Whom It May Concern,

This letter is to inform that Cynsere Enterprises, Inc., has relocated. The named Corporation did not receive a Annual Corporate Report. Due to these circumstances we are asking that you abate the reinitatement fees.

Your consideration concerning this matter is greatly appreciated.

Cordially yours,



Mr. Robinson
Robinson Accounting