

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # *P01000051588*

1. Entity Name

ENDEAVOUR PROPERTIES INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7535 PATTI DR.

Suite, Apt. #, etc.

3. Mailing Address

ENDEAVOUR PROPERTIES

Suite, Apt. #, etc.

7535 PATTI DR.

City & State

*FLA.
MERRITT ISLAND*

City & State

MERRITT ISLAND, FLA.

Zip

32953

Country

Zip

32953

Country

US

4. FEI Number

36-4446122

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

LARRY HAWKINS

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

7535 PATTI DR.

City

MERRITT ISLAND

FL

Zip Code

32953

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 *Larry Hawkins* *LARRY HAWKINS CEO*

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

(NOTE: Registered Agent signature required when re-stating)

DATE *10-5-2002*

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY-ST-ZIP
*CEO
LARRY HAWKINS
7535 PATTI DR.
MERRITT ISLAND, FLA. 32953*

TITLE
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Larry Hawkins* *LARRY HAWKINS CEO*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*CELL 321-698-7642
321-452-1500
10-5-2002*

FILED

02 OCT 11 PM 1:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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10/17/02--01015--029 **150.00

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