

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91832 009 ***150.00

DOCUMENT # *P01000051588*

1. Entity Name

ENDEAVOUR PROPERTIES INC. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

ENDEAVOUR PROPERTIES INC.

3. Mailing Address

ENDEAVOUR PROPERTIES INC.

Suite, Apt. #, etc.

7535 PATTE DR.

Suite, Apt. #, etc.

7535 PATTE DR

City & State

MERRITT ISLAND FLA.

City & State

MERRITT ISLAND FLA.

Zip

32953

Country

USA

Zip

32953

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

36-4446132

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

LARRY HAWKINS

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

7535 PATTE DR.

City

MERRITT ISLAND

FL

Zip Code

32953

**DO NOT WRITE
IN THIS SPACE**

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

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) ☒

**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 *CEO*
NAME *LARRY HAWKINS*
STREET ADDRESS *7535 PATTE DR*
CITY-ST-ZIP *MERRITT ISLAND, FLA. 32953*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *P*
NAME *LARRY HAWKINS*
STREET ADDRESS *7535 PATTE DR*
CITY-ST-ZIP *MERRITT ISLAND FLA. 32953*

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

LARRY HAWKINS

SIGNATURE: *Larry Hawkins CEO*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-03 321-698-7642

Date

Daytime Phone #

CR2E034B (12/01)