

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90456 011 ***150.00

DOCUMENT # P01000051971

1. Entity Name
JESSE COCHISE INC.

Principal Place of Business
504 1/2 39 ST
WEST PALM BEACH FL 33407

Mailing Address
504 1/2 39 ST
WEST PALM BEACH FL 33407



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5963 Velvet Place South
 Suite, Apt. #, etc.

3. Mailing Address
5963 Velvet Place South
 Suite, Apt. #, etc.

City & State
WPPB FL
 Zip
33417
 Country
US

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WPPB FL
 Zip
33417
 Country
US

4. FEI Number
65-1105572
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

DAVIS, ROY F
504 1/2 39 ST
WEST PALM BEACH FL 33407

7. Name and Address of New Registered Agent

Name
Davis Roy F
 Street Address (P.O. Box Number is Not Acceptable)
5963 Velvet Place South
 City
WPPB **FL** Zip Code
33417

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 **4/30/02**
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **P DAVIS, ROY F**
 STREET ADDRESS **504 1/2 39 ST**
 CITY-ST-ZIP **WEST PALM BEACH FL 33407**

TITLE ☒ Change ☐ Addition
 NAME **Davis Roy F**
 STREET ADDRESS **5963 Velvet Place South**
 CITY-ST-ZIP **WPPB FL 33417**

TITLE ☐ Delete
 NAME **V DAVIS, JESSE**
 STREET ADDRESS **352 JENNINGS AVE**
 CITY-ST-ZIP **GREENACRES FL 33463**

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

TITLE ☐ Delete
 NAME **Tina Davis**
 STREET ADDRESS **1313 Madison Chase, #2**
 CITY-ST-ZIP **WPPB FL 33411**

TITLE ☐ Change ☒ Addition
 NAME **Tina Davis**
 STREET ADDRESS **1313 Madison Chase, #2**
 CITY-ST-ZIP **WPPB FL 33411**

TITLE ☐ Delete
 NAME **Cheyenne Davis**
 STREET ADDRESS **6202-8 Sherwood Glen Way**
 CITY-ST-ZIP **WPPB FL 33415**

TITLE ☐ Change ☒ Addition
 NAME **Cheyenne Davis**
 STREET ADDRESS **6202-8 Sherwood Glen Way**
 CITY-ST-ZIP **WPPB FL 33415**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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: **ROY DAVIS**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02 **561-601-5456**
 Date Daytime Phone #

CR2E034 (9/01)