

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 09, 2003 8:00 am
Secretary of State

06-09-2003 90107 031 ***550.00

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1. Entity Name
ENDEAVOR INVESTMENTS, INC.



Principal Place of Business
**5460 NE 11 AVE
OCALA FL 34479**

Mailing Address
**5460 NE 11 AVE
OCALA FL 34479**

2. Principal Place of Business
96 Pecan Pass

3. Mailing Address
96 Pecan Pass

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
Ocala FL

City & State
Ocala FL

4. FEI Number
61-1415699

Applied For
Not Applicable

Zip
34472

Country
USA

Zip
34472

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

**SPINK, STEPHANIE M
5460 NE 11 AVE
OCALA FL 34479**

Name
Spink, Stephanie M.

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

City
Ocala FL

Zip Code
34472

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Stephanie M. Spink**

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

(NOTE: Registered Agent signature required when reinstating)

May 1st 2003

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ ☐ Delete
NAME **SPINK, STEPHANIE M**
STREET ADDRESS **5460 NE 11 AVE**
CITY-ST-ZIP **OCALA FL 34479**

TITLE ☒ ☐ Change ☐ Addition
NAME **V/S Spink, Stephanie M.**
STREET ADDRESS **96 Pecan Pass**
CITY-ST-ZIP **Ocala, FL 34472**

TITLE ☐ ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ ☐ Change ☒ Addition
NAME **P/T Dean, Jeffrey L.**
STREET ADDRESS **3219 NE 32nd Ave**
CITY-ST-ZIP **Ocala, FL 34479**

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

TITLE ☐ ☐ Delete
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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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Stephanie M. Spink
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 1st 2003 (352) 239-0378
Date Daytime Phone #

CR2E034 (10/02)