

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90084 027 ***150.00

DOCUMENT # P99000065727
 1. Entity Name
J.C.M. & M. ENDEAVORS, INC.

Principal Place of Business Mailing Address
P.O. BOX 1528 **P.O. BOX 1528**
NEW PORT RICHEY FL 34656 **NEW PORT RICHEY FL 34656**

2. Principal Place of Business 3. Mailing Address
P. O. BOX 60095 **P. O. BOX 60095**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
FORT MYERS, FL **FORT MYERS, FL**

Zip Country Zip Country
33906-6095 **33906-6095** **33906-6095** **33906-6095**

4. FEI Number Applied For
59-3600898 Not Applicable

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

406024



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
COOK, J. HARRIS
7510 RIDGE ROAD
PORT RICHEY FL 34668

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	P	<input type="checkbox"/> Delete
NAME	DAVIS, JAMES H	
STREET ADDRESS	6828 RIVER ROAD	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	V	<input type="checkbox"/> Delete
NAME	DAVIS, CLARA E	
STREET ADDRESS	6828 RIVER ROAD	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	V	<input type="checkbox"/> Delete
NAME	DAVIS, MATTHEW P	
STREET ADDRESS	7918 LEOTA LANE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
TITLE	ST	<input type="checkbox"/> Delete
NAME	DAVIS, MELISSA A	
STREET ADDRESS	12415 BERKELEY SQ DR	
CITY-ST-ZIP	TAMPA FL 32626	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, JAMES H,	
STREET ADDRESS	14000 SHIMMERING LAKE COURT	
CITY-ST-ZIP	FORT MYERS, FL 33907	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, CLARA E,	
STREET ADDRESS	14000 SHIMMERING LAKE COURT	
CITY-ST-ZIP	FORT MYERS, FL 33907	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, MATTHEW P.	
STREET ADDRESS	7914 LEDTA LANE	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *JAMES H DAVIS* 01-18-02 (941) 931-6700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)