

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 09, 2003 8:00 am**  
**Secretary of State**

01-09-2003 90131 009 \*\*\*150.00

0516601 AV

**DOCUMENT # P99000065727**

1. Entity Name  
**J.C.M. & M. ENDEAVORS, INC.**



Principal Place of Business  
P.O. BOX 60095  
FORT MYERS FL 33906-6095

Mailing Address  
P.O. BOX 60095  
FORT MYERS FL 33906-6095



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3600898**

Applied For

Not Applicable

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COOK, J. HARRIS**  
**7510 RIDGE ROAD**  
**PORT RICHEY FL 34668**

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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	T	<input type="checkbox"/> Delete
NAME	<b>DAVIS, JAMES H</b>	
STREET ADDRESS	<b>14000 SHIMMERING LAKE COURT</b>	
CITY-ST-ZIP	<b>FORT MYERS FL 33907</b>	
TITLE	V	<input type="checkbox"/> Delete
NAME	<b>DAVIS, CLARA E</b>	
STREET ADDRESS	<b>6828 RIVER ROAD</b>	
CITY-ST-ZIP	<b>FORT MYERS FL 34652</b>	
TITLE	V	<input type="checkbox"/> Delete
NAME	<b>DAVIS, MATTHEW P</b>	
STREET ADDRESS	<b>7914 LEOTA LANE</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34653</b>	
TITLE	ST	<input type="checkbox"/> Delete
NAME	<b>DAVIS, MELISSA A</b>	
STREET ADDRESS	<b>12415 BERKELEY SQ DR</b>	
CITY-ST-ZIP	<b>TAMPA FL 32626</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAVIS, CLARA E</b>	
STREET ADDRESS	<b>14000SHIMMERING LAKE COURT</b>	
CITY-ST-ZIP	<b>FORT MYERS, FL 33907</b>	
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		

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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jan. 7, 2003*  
Date

Daytime Phone #

CR2E034 (10/02)