

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2001 8:00 am
Secretary of State

0132649

DOCUMENT # V61569

1. Entity Name

HAWKEYE HOME INSPECTIONS, INC.

04-13-2001 90085 036 ***150.00

Principal Place of Business

Mailing Address

**5891 NW 65TH TERRACE
 PARKLAND FL 33067**

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 PARKLAND FL 33067**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0360228**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

**ROMANO, PETER
 5891 NW 65 TERRACE
 PARKLAND FL 33067**

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

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, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	D			<input type="checkbox"/>	<input type="checkbox"/>
TITLE	ROMANO, PETER	5891 NW 65 TERRACE	PARKLAND FL 33067	<input type="checkbox"/>	<input type="checkbox"/>
TITLE				<input type="checkbox"/>	<input type="checkbox"/>
TITLE				<input type="checkbox"/>	<input type="checkbox"/>
TITLE				<input type="checkbox"/>	<input type="checkbox"/>
TITLE				<input type="checkbox"/>	<input type="checkbox"/>
TITLE				<input type="checkbox"/>	<input type="checkbox"/>
TITLE				<input type="checkbox"/>	<input type="checkbox"/>

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:

Peter Romano Director

4/13/01

954 705 8072

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034(10/00)