

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90004 013 ***150.00

DOCUMENT # 390327

1. Entity Name

HAWKMAR, INC.

Principal Place of Business

1013 MORSE BLVD.
 RIVIERA BEACH FL 33404
 US

Mailing Address

1013 MORSE BLVD.
 RIVIERA BEACH FL 33404-2744
 US

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

59-1396768

Applied For

Not Applicable

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

Name

CLARA HAWKINS

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

X Clara A Hawkins

Clara A. Hawkins, PD 4/14/00

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. ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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 **PD** ☒ Delete
 NAME **HAWKINS, EDWIN W**
 STREET ADDRESS **1013 MORSE BLVD.**
 CITY-ST-ZIP **RIVIERA BEACH FL**

TITLE **Secretary-Treasurer** ☐ Change ☒ Addition
 NAME **Ann Gimmmler**
 STREET ADDRESS **1200 Morse Blvd.**
 CITY-ST-ZIP **Riviera Beach, FL 33404**

TITLE **SD** ☐ Delete
 NAME **HAWKINS, CLARA A**
 STREET ADDRESS **1013 MORSE BLVD**
 CITY-ST-ZIP **RIVIERA BEACH FL**

TITLE **P/D** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
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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: *X Ann Gimmmler*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ann Gimmmler, ST

Date

561-842-3547
4/14/00

Daytime Phone #

CR2E034 (9/99)