**FILED** 

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

## Apr 03, 2003 8:00 am Secretary of State 390327 DOCUMENT # 04-03-2003 90111 009 \*\*\*150.00 1. Entity Name HAWKMAR, INC. Mailing Address Principal Place of Business 14410 66TH TRAIL NORTH 14410 66TH TRAIL NORTH WEST PALM BEACH FL 33418 WEST PALM BEACH FL 33418 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEI Number Applied For City & State 59-1396768 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HAWKINS, CLARA Street Address (P.O. Box Number is Not Acceptable) 14410 66TH TRAIL NORTH WEST PALM BEACH FL 33418 \*\* City 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Addition GIMMLER, ANN NAME NAME STREET ADDRESS 14410 66TH TRAIL NORTH STREET ADDRESS WEST PALM BEACH FL 33418 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE PD Delete TITLE HAWKINS, CLARA A NAME NAME STREET ADDRESS STREET ADDRESS 4410 66TH TRAIL NORTH CITY-ST-ZIP WEST PALM BEACH FL 33418 CITY-ST-ZIP Change - - Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition

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

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP