

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90086 037 ***150.00

DOCUMENT # 603079

1. Entity Name
T. JACK HAWKINS ENTERPRISES, INC.

Principal Place of Business

Mailing Address

1211 MANOR DRIVE
 SINGER ISLAND FL 33404
 US

1211 MANOR DR.
 SINGER ISLAND FL 33418-3559
 US

UUUUUUU



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1419 14th Lane

1419 14th Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 Palm Beach Gardens, FL

City & State
 Palm Beach Gardens, FL

4. FEI Number **59-1359386**

Applied For
 Not Applicable

Zip
 33418

Country
 Palm Beach

Zip
 33418

Country
 Palm Beach

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

HAWKINS, T JACK
 3400 N. OCEAN DR.
 APT. 406
 SINGER ISLAND FL 33404

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.

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
V	HAWKINS, T JACK	1211 MANOR DRIVE SINGER ISLAND FL	<input type="checkbox"/>			<input type="checkbox"/>
PST	EDGAR, CARRIE H	1211 MANOR DRIVE SINGER ISLAND FL	<input type="checkbox"/>			<input type="checkbox"/>
			<input type="checkbox"/>			<input type="checkbox"/>
			<input type="checkbox"/>			<input type="checkbox"/>
			<input type="checkbox"/>			<input type="checkbox"/>
			<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: Carrie H Edgar Carrie H Edgar 3/15/00 561-799-0521
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #