

**2002 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90093 014 ***150.00

DOCUMENT # 628829

1. Entity Name

SEGNO-HAWKINS, INCORPORATED

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

% JOHN SEGNO

Suite, Apt. #, etc.

5400 NORTH OCEAN DRIVE

City & State

HOLLYWOOD, FL 33020

Zip

Country

USA

3. Mailing Address

% JOHN SEGNO

Suite, Apt. #, etc.

3471 N. E. 17th TERRACE

City & State

FORT LAUDERDALE, FL 33334

Zip

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1923062

Applied For

Not Applicable

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

7. Name and Address of Current Registered Agent

Name

SEGNO, JOHN

Street Address (P.O. Box Number is Not Acceptable)

5400 NORTH OCEAN DRIVE

City

HOLLYWOOD,

FL

Zip Code

33020

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**PD
SEGNO, JOHN
5400 NORTH OCEAN DRIVE
HOLLYWOOD, FL 33020**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**VD
HAWKINS, KENNETH
5400 NORTH OCEAN DRIVE
HOLLYWOOD, FL 33020**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

John Segno

JOHN SEGNO

4/18/02

954-566-1934

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #

CR2E034B (12/01)