

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F41344

1. Entity Name
HAWKHIRST ENTERPRISES INC

FILED
Apr 03, 2000 8:00 am
Secretary of State
04-03-2000 90134 039 ***150.00

Principal Place of Business
110 CENTURY 21 MILLS FIRST
5050 GOLF BLVD
ST PETE BEACH
FL 33706

Mailing Address

B0050012

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
THE GATEWAY
Suite, Apt. #, etc.
HAWKHIRST ROAD

DO NOT WRITE IN THIS SPACE

City & State
KENLEY SURREY

City & State
KENLEY SURREY

Zip
CR8 5DL

Country
ENGLAND

4. FEI Number
59-2214213

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
BARBARA B COOK
3725 42ND AVE S
ST PETERSBURG FL 33711

7. Name and Address of New Registered Agent
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 _____ (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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DIRECTOR / PRESIDENT <input type="checkbox"/> Delete	TITLE DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME JOHN A COX	NAME DEBORAH JANE MAY
STREET ADDRESS THE GATEWAY HAWKHIRST RD	STREET ADDRESS 90 WELCOMES ROAD	CITY-ST-ZIP KENLEY SURREY ENGLAND	CITY-ST-ZIP KENLEY SURREY ENGLAND
TITLE DIRECTOR / SECRETARY <input type="checkbox"/> Delete	TITLE DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME CAROLYN M COX	NAME JULIE-ANNE MACHUGH
STREET ADDRESS THE GATEWAY HAWKHIRST RD	STREET ADDRESS MURLING-DENE PARK LKY RD	CITY-ST-ZIP KENLEY SURREY ENGLAND	CITY-ST-ZIP WOLDINGHAM SURREY ENGLAND
TITLE <input type="checkbox"/> Delete	TITLE DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME STEPHEN COX	NAME STEPHEN COX
STREET ADDRESS <input type="checkbox"/> Delete	STREET ADDRESS 25 GROVE WOOD HILL	CITY-ST-ZIP <input type="checkbox"/> Delete	CITY-ST-ZIP COURSDON SURREY ENGLAND
TITLE <input type="checkbox"/> Delete	TITLE DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME SARAH LOUISE COX	NAME SARAH LOUISE COX
STREET ADDRESS <input type="checkbox"/> Delete	STREET ADDRESS 60 RIDGEWAY ROAD	CITY-ST-ZIP <input type="checkbox"/> Delete	CITY-ST-ZIP RED HILL SURREY ENGLAND
TITLE <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <input type="checkbox"/> Delete	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <input type="checkbox"/> Delete	STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP <input type="checkbox"/> Delete	CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____ **PRESIDENT** 3/20/2000 441 2086606410

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ **Date** _____ **Daytime Phone #** _____

CR2E034 (9/99)