

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2001 8:00 am
Secretary of State
 03-28-2001 90005 022 ***150.00

DOCUMENT # F 41344 ✓

1. Entity Name

HAWKHIRST ENTERPRISES
 INC

Principal Place of Business

Mailing Address

THE GATEWAY
 HAWKHIRST ROAD
 KENLEY
 SURREY CR8 5DL U.K.

2. Principal Place of Business

C/O BARBARA COOK

3. Mailing Address

THE GATEWAY

Suite, Apt. #, etc.

3312 B 38TH ST S

Suite, Apt. #, etc.

HAWKHIRST ROAD

City & State

ST. PETERSBURG FLORIDA

City & State

KENLEY SURREY

Zip

33711

Country

U.S.A

Zip

CR8 5DL

Country

U.K.

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 COOK
 3312 B 38TH ST 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

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) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	JOHN A COX	
STREET ADDRESS	THE GATEWAY HAWKHIRST ROAD	
CITY-ST-ZIP	KENLEY SURREY ENGLAND	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	CAROLYN M COX	
STREET ADDRESS	THE GATEWAY HAWKHIRST RD	
CITY-ST-ZIP	KENLEY SURREY ENGLAND	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	DEBORAH MAY	
STREET ADDRESS	40 WELCOMES ROAD	
CITY-ST-ZIP	KENLEY SURREY ENGLAND	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	STEPHEN COX	
STREET ADDRESS	25 GROVE WOOD HILL	
CITY-ST-ZIP	COULSDON SURREY ENGLAND	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	JULIE MACHUCH	
STREET ADDRESS	MURLINGDENE PARK LEY ROAD	
CITY-ST-ZIP	WOLDINGHAM SURREY ENGLAND	
TITLE		<input type="checkbox"/> Delete
NAME	()	
STREET ADDRESS		
CITY-ST-ZIP	IND	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARAH JENKINS (NEE COX)	
STREET ADDRESS	32 ST MART'S RD	
CITY-ST-ZIP	REIGATE SURREY ENGLAND	

13. I hereby certify that the information furnished on this report is true and accurate and 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN A COX
 PRESIDENT

Date

3/22/01

Daytime Phone #

011 44 208
 660 6410

CR2E034 (11/00)