

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 22, 2003 8:00 am**  
**Secretary of State**

01-22-2003 90136 005 \*\*\*150.00

**DOCUMENT # F41344**

**1. Entity Name**  
**HAWKHIRST ENTERPRISES, INC.**



**Principal Place of Business**  
**C/O BARBARA COOK**  
**3312 B 38TH STREET SOUTH**  
**SAINT PETERSBURG FL 33711**  
**US**

**Mailing Address**  
**THE GATEWAY**  
**HAWKHIRST ROAD**  
**KENLEY, SURREY. UK 06576-21**

**2. Principal Place of Business**

**3. Mailing Address**  
**90 WELCOMES ROAD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**KENLEY**

City & State

City & State  
**SURREY**

Zip

Country

Zip  
**CR8 5HE**

Country

**UK**



☒ CHECK HERE IF MAKING CHANGES

**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**

**COOK, BARBARA B.**  
**3312 B 38TH STREET SOUTH**  
**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. 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**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>COX, CAROLYN MOLLY</b>	
STREET ADDRESS	<b>HAWKHIRST ROAD</b>	
CITY-ST-ZIP	<b>KENLEY, SURREY, UK</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>COX, JOHN ALAN</b>	
STREET ADDRESS	<b>HAWKHIRST ROAD</b>	
CITY-ST-ZIP	<b>KENLEY, SURREY, UK</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MAY, DEBORAH</b>	
STREET ADDRESS	<b>90 WELCOMES RD</b>	
CITY-ST-ZIP	<b>KENLEY, SURREY, UK</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>COX, STEPHEN</b>	
STREET ADDRESS	<b>25 GROVE WOOD HILL</b>	
CITY-ST-ZIP	<b>COULSDON, SURREY, UK</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MACHUCH, JULIE</b>	
STREET ADDRESS	<b>MURLINGDENE PARK LEY RD</b>	
CITY-ST-ZIP	<b>WOLDINGHAM, SURREY, UK</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>JENKINS, SARAH</b>	
STREET ADDRESS	<b>32 ST MARY'S RD</b>	
CITY-ST-ZIP	<b>REIGATE, SURREY, UK</b>	

TITLE	<b>DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COX CAROLYN MOLLY</b>	
STREET ADDRESS	<b>1 LOVELOCK CLOSE</b>	
CITY-ST-ZIP	<b>KENLEY SURREY UK</b>	
TITLE	<b>DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COX JOHN ALAN</b>	
STREET ADDRESS	<b>1 LOVELOCK CLOSE</b>	
CITY-ST-ZIP	<b>KENLEY SURREY UK</b>	
TITLE	<b>SECRETARY</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MAY DEBORAH</b>	
STREET ADDRESS	<b>90 WELCOMES ROAD</b>	
CITY-ST-ZIP	<b>KENLEY SURREY UK</b>	
TITLE	<b>PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MAY STEPHEN</b>	
STREET ADDRESS	<b>90 WELCOMES ROAD</b>	
CITY-ST-ZIP	<b>KENLEY SURREY U.K</b>	
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		

**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 changed, or on an attachment with an address with all other like empowered.**

**SIGNATURE:**

**SIGNATURE**

**1/10/03**

**44 208660 6410**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)