FILED
May 02, 2003 8:00 am
Secretary of State
05-02-2003 90749 027 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000002336

90123474

1. Entity Name
HAWKINS EXPORTS SERVICES, INC.

Principal Place of Business
500 W CYPRESS CK ROAD
#430
FORT LAUDERDALE, FL 33309 US

Mailing Address
P.O. BOX 420977
SUMMERLAND KEY, FL 33042 US

2. Principal Place of Business: 2502 SW National Circle
Suite, Apt. #, etc.
City & State: Port St. Lucie FL
Zip: 34953 Country:

3. Mailing Address: 2502 SW National Circle
Suite, Apt. #, etc.
City & State: PT ST LUCIE FL
Zip: 34953 Country:

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number: 56-1777094 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
KAHN, ROBERT M
C/O KAHN & GUTTER
8211 W BROWARD BLVD., PENTHOUSE 4
PLANTATION, FL 33322

7. Name and Address of New Registered Agent
Name: EUGENIE PENCE
Street Address (P.O. Box Number is Not Acceptable): 2502 SW National Circle
City: PT. ST LUCIE FL Zip Code: 34953

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: Eugenie J. Pence DATE: 4/25/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PST VANDENHURK, JANICE RR 2 BOX 94AZ EDWARDS, MO 65326	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PST EUGENIE PENCE 2502 SW National Circle PT. ST LUCIE FL 34953	☑ Change ☐ Addition
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CR2E034 (10/02)

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: Eugenie J. Pence EUGENIE J. PENCE 4-25-03 954-675-0679
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #