

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000002365

1. Entity Name

HAWKS ELECTRICAL CORP.

Principal Place of Business

946 S. TOPAZ AVE.
KEY LARGO FL 33037

Mailing Address

946 S. TOPAZ AVE.
KEY LARGO FL 33037

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 34-1312513

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAWKS, CLAUDE
946 S. TOPAZ AVE.
KEY LARGO FL 33037

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

Claude B Hawks
Signature typed or printed name of registered agent and title if applicable.

CLAUDE B HAWKS

2/19/01
DATE

(NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAWKS, CLAUDE 946 S. TOPAZ AVE. KEY LARGO FL 33037	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HAWKS, ELAINE 946 S. TOPAZ AVE. KEY LARGO FL 33037	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS 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:

Claude B Hawks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CLAUDE B HAWKS

2/19/01 305 852 0621
Date Daytime Phone #

CR2E034 (10/00)