

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J16764

1. Entity Name

HAWKINS-FREDERICKSON ASSOCIATES, INC.

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90088 018 \*\*\*150.00

Principal Place of Business Mailing Address  
113 CANDACE DR 113 CANDACE DR  
MAITLAND FL 32751 MAITLAND FL 32751-3330

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 59-2677855 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FREDERICKSON, DAVID E.  
113 CANDACE DR  
HAWKINS - FREDERICKSON ASSOCIATES, INC.  
MAITLAND FL 32751

Name BARBARA L. SWARTZ  
Street Address (P.O. Box Number is Not Acceptable) 113 CANDACE DRIVE  
City MAITLAND FL Zip Code 32751

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 *Barbara L. Swartz* BARBARA L. SWARTZ, PRESIDENT/DIRECTOR 4/17/00  
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, 2000 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          | D                      | <input type="checkbox"/> Delete |
| NAME           | HAWKINS, WALTER E.     |                                 |
| STREET ADDRESS | 113 CANDACE DR         |                                 |
| CITY-ST-ZIP    | MAITLAND FL            |                                 |
| TITLE          | CEO                    | <input type="checkbox"/> Delete |
| NAME           | FREDERICKSON, DAVID E. |                                 |
| STREET ADDRESS | 113 CANDACE DR         |                                 |
| CITY-ST-ZIP    | MAITLAND FL 32751      |                                 |
| TITLE          | P                      | <input type="checkbox"/> Delete |
| NAME           | SWARTZ, BARBARA L      |                                 |
| STREET ADDRESS | 113 CANDACE DR         |                                 |
| CITY-ST-ZIP    | MAITLAND FL 32751      |                                 |
| TITLE          |                        | <input type="checkbox"/> Delete |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY-ST-ZIP    |                        |                                 |
| TITLE          |                        | <input type="checkbox"/> Delete |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY-ST-ZIP    |                        |                                 |
| TITLE          |                        | <input type="checkbox"/> Delete |
| 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           | FREDERICKSON, DAVID E. |  |
| STREET ADDRESS | 113 CANDACE DRIVE      |  |
| CITY-ST-ZIP    | MAITLAND, FL 32751     |  |
| TITLE          | PRESIDENT/DIRECTOR     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | SWARTZ, BARBARA L.     |  |
| STREET ADDRESS | 113 CANDACE DRIVE      |  |
| CITY-ST-ZIP    | MAITLAND, FL 32751     |  |
| 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    |                        |  |

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: *Barbara L. Swartz* BARBARA L. SWARTZ 4/17/00 407-831-2474  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)