

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90179 024 ****50.00

DOCUMENT # L01000014327



Entity Name
HAWKIN BIDNEZ, L.L.C.

Principal Place of Business

**1361 SEAGULL DRIVE SOUTH
ST. PETERSBURG FL 33707**

Mailing Address

**1361 SEAGULL DRIVE SOUTH
ST. PETERSBURG FL 33707**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

6985-1 ST AVE N.

Suite, Apt. #, etc.

Same

City & State

ST. PETERSBURG FL

City & State

Same

Zip

Country

33710 USA

Zip

Same Same

Country

Same Same

6. Name and Address of Current Registered Agent

4. FEI Number **59-3739489**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of New Registered Agent

**GASSMAN, ALAN S ESQ.
1245 COURT STREET SUITE 102
CLEARWATER FL 33756**

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 \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SEIFRIED, E. WAYNE JR.
1361 SEAGULL DRIVE SOUTH
ST. PETERSBURG FL 33707** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
FAULKNER, JEFFERY
1361 SEAGULL DRIVE SOUTH
ST. PETERSBURG FL 33707** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

S. Wayne Seifried
SEIFRIED, E. WAYNE JR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/17/03 7273473333

CR2E083 (10/02)