

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L46985

1. Entity Name

HAWTHORNE POULTRY HOUSE CLEANING SERVICE, INC.

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90212 007 ***150.00

Principal Place of Business

Mailing Address

RT 1 BOX 515
BLACK AL 36314
US

RT 1 BOX 515
BLACK AL 36314-9743
US

2. Principal Place of Business

3. Mailing Address

445 W Lowery St.
Suite, Apt. #, etc.

445 W Lowery St.
Suite, Apt. #, etc.

City & State
Black, Alabama

City & State
Black, Alabama

Zip
36314

Zip
36314

4. FEI Number 59-3000250

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

HAWTHORNE, MICHAEL
ROUTE 2, BOX 215C
CARYVILLE FL 32427

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

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	P	<input type="checkbox"/> Delete
NAME	HAWTHORNE, MICHAEL	
STREET ADDRESS	RT 1 BOX 515	
CITY-ST-ZIP	BLACK AL	
TITLE	V	<input type="checkbox"/> Delete
NAME	HAWTHORNE, NANCY	
STREET ADDRESS	RT 1 BOX 515	
CITY-ST-ZIP	BLACK AL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Nancy M Hawthorne V
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/2000 (334) 684-6908
Date Daytime Phone #

CR2E034 (9/99)