2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

L86301 **DOCUMENT #**

1. Entity Name

SIGNATURE:

HAWKEYE SIGN & ART, INC.



FILED Mar 21, 2003 8:00 am Secretary of State 03-21-2003 90104 017 ***150.00

3-18-03

1377 AIRPORT	e of Business ROAD N 942-34/04	1377 AIRE	Mailing Address 1377 AIRPORT ROAD N NAPLES FL-33942- 34/04 US							
2. Principal Place of Business		3. Mailing	3. Mailing Address				! 44	(1814 E184) B1814 E1	.046 B1011 01011 1001	
Suite, Apt.	#, etc.	Suite, A	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State	е	City & S	City & State			4. 8	FEI Number 65-0206496		Applied For Not Applicable	
Zip	Country Zip Cou			Coun	try	5. (5. Certificate of Status Desired See Required Fee Required			
Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
					Name					
RANKIN, DOUGLAS L 2335 TAMIAMI TERRACE N					Street Address (P.O. Box Number is Not Acceptable)					
SUITE 308										
NAPLES FL 33940					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 \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							Election Campaign Financin Trust Fund Contribution.	· ,,,,,	55.00 May Be dded to Fees	
10.	OFFICERS AND DIRECTORS					AD	DITIONS/CHANGES TO OFFICERS	AND DIRECT	TORS IN 11	
NAME STREET ADDRESS	PD MILLER, DONALD A. 1377 AIRPORT RD N NAPLES FL		☐ Delete					☐ Cha	inge	
TITLE NAME STREET ADDRESS	ST MILLER, JEFFREY D. 1377 AIRPORT RD N NAPLES FL		☐ Delete		i			· Cha	inge Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		. • -	Delete	STRE		· · · · · · · · · · · · · · · · · · ·	~ ·	☐ Chai	nge Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete		I .			☐ Chai	nge Addition	
12. I hereby certify that the information supplied with this filling 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. Fordia 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.										