

2001 UNIFORM BUSINESS REPORT (UBR)

6/5

FILED
Jun 27, 2001 8:00 am
Secretary of State

06-05-2001 90686 001 *****8.75
 06-05-2001 90686 002 *****61.25

DOCUMENT # N00000004590

1. Entity Name

HAWKINS HOMES, INC.

Principal Place of Business

Mailing Address

137 N.W. 15TH STREET
 POMPANO BEACH FL 33060-5434

137 N.W. 15TH STREET
 POMPANO BEACH FL 33 60-5434

2. Principal Place of Business

3. Mailing Address

927 NW 6th st.

Suite, Apt. #, etc.

POMPANO B. FLA

City & State

Suite, Apt. #, etc.

City & State

Zip
 33060

Country
 U.S.A.

Zip
 33060

Country
 USA

4. FEI Number

65-1045273

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

ELLINGTON, CHARLES SR.
 137 N.W. 15TH STREET
 POMPANO BEACH FL 33060-5434

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.

(NOT) Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	T	Delete <input checked="" type="checkbox"/>
NAME	MOORE, DAWN M	
STREET ADDRESS	8550 N.W. 49 ST.	
CITY-ST-ZIP	LANDERHILL FL 33351	
TITLE	T	Delete <input checked="" type="checkbox"/>
NAME	ELLINGTON, CHARLES M	
STREET ADDRESS	137 N.W. 15TH ST.	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE	T	Delete <input type="checkbox"/>
NAME	ELLINGTON, JULIA D	
STREET ADDRESS	8550 N.W. 49 ST.	
CITY-ST-ZIP	LAUDERHILL FL 33351	
TITLE		Delete <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	C = CHAIRMAN	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	Charles ELLINGTON SR	
STREET ADDRESS	137 N.W. 15th ST.	
CITY-ST-ZIP	POMPANO BEACH FL 33060-5434	
TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	ELLINGTON, Julius	
STREET ADDRESS	8550 N.W. 49 ST.	
CITY-ST-ZIP	LAUDERHILL FL 33351	
TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 the 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 617, Florida 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.

SIGNATURE:

Charles Ellington Sr.

5/31/01

954-7818537

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2037 (10/00)