

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90144 013 ***150.00

DOCUMENT # P00000024296

1. Entity Name

STEPHEN HAWK, D.O., P.A.

Principal Place of Business

Mailing Address

~~1727 1/2 WATROUS AVENUE
Largo, FL 33771
Sugar Creek Office Complex
10225 Ulmerton Rd., Suite 3A
Tampa FL 33606
Stephen Hawk D.O., P.A.~~

SAME
~~1727 1/2 WATROUS AVENUE
TAMPA FL 33606~~
SAME
**Stephen Hawk D.O., P.A.
10225 Ulmerton Rd., Suite 3A
Sugar Creek Office Complex
Largo, FL, 33771**

00033988



DO NOT WRITE IN THIS SPACE

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 - 3630985

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

**HAWK, STEPHEN D.O.
10225 ULMERTON ROAD
SUITE 3A
LARGO FL 33771**

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

4-4-01

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, 2001 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** ☐ Delete
NAME **HAWK, STEPHEN D.O.**
STREET ADDRESS **1727 1/2 WATROUS AVENUE**
CITY-ST-ZIP **TAMPA FL 33606**

TITLE ☒ Change ☐ Addition:
NAME
STREET ADDRESS **10225 Ulmerton Rd Ste 3A**
CITY-ST-ZIP **Largo FL 33771**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition:
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/4/01 727 518 0572

CR2E034 (10/00)