

2001 UNIFORM BUSINESS REPORT (UBR)

3/

FILED
Mar 30, 2001 8:00 am
Secretary of State

03-05-2001 90326 011 ***150.00

DOCUMENT # P00000114599

1. Entity Name

HAWKEYE-FLETCHER MARINE INC.

Principal Place of Business

Mailing Address

4288 46TH AVE. SOUTH
ST. PETERSBURG FL 33711

4288 46TH AVE. SOUTH
ST. PETERSBURG FL 33711

2. Principal Place of Business

3. Mailing Address

~~4288 46TH AVE SOUTH~~ **555 150th Ave NASH**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MADEIRA BEACH

City & State

City & State

ST PETERSBURG FL

Zip

Country

Zip

Country

33711

USA

6. Name and Address of Current Registered Agent

4. FEI Number

Applied For

59-3694506

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



PRESIDENT

HAWKINS, MARK

**4288 46TH AVE SOUTH
ST. PETERSBURG FL 33711**

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)

Feb 28th 2001

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, 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

TITLE **MRS COMPANY SECRETARY** ☐ Delete

NAME **ANDREA GRASMUS HAWKINS**

STREET ADDRESS **4288 46th AVE SOUTH**

CITY-ST-ZIP **ST PETE FL 33711**

TITLE **MR VICE PRESIDENT** ☐ Delete

NAME **GRAHAM HAWKINS**

STREET ADDRESS **125 KINGS MOORINGS, 46th AVE 5TH**

CITY-ST-ZIP **ST-PETE FL 33711**

TITLE **MR TREASURER** ☐ Delete

NAME **CLARRY HAWKINS**

STREET ADDRESS **4288 46th AVE SOUTH**

CITY-ST-ZIP **ST PETE FL 33711**

TITLE ☐ Delete

NAME ☐ Delete

STREET ADDRESS ☐ Delete

CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete

NAME ☐ Delete

STREET ADDRESS ☐ Delete

CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete

NAME ☐ Delete

STREET ADDRESS ☐ Delete

CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK HAWKINS

Feb 28th 2001

Date

Daytime Phone #

727 481

5116

CR2034 (10/00)