

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 17, 2004 8:00 am
Secretary of State

05-17-2004 90015 033 ***150.00

DOCUMENT # P00000114599

1. Entity Name
HAWKEYE-FLETCHER MARINE, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
545 150th Ave. N.

3. Mailing Address
545 150th Ave. N.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Madeira Bch

City & State
Madeira Bch

4. FEI Number
59-3694506

Applied For
☐ Not Applicable

Zip
33708

Country

Zip
33708

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
MARK HAWKINS

Street Address (P.O. Box Number is Not Acceptable)
4288 46th AVENUE, SOUTH

City
ST. PETERSBURG

FL

Zip Code
33711

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)

04/19/04

DATE

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$850.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	COMPANY SECRETARY ANDREA J. HAWKINS 4288 46th Ave S St. Petersburg, FL 33711	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT GRAHAM HAWKINS 4288 46th Ave S. St. Petersburg, FL 33711	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER CLARRY HAWKINS 4288 46th Ave S. St. Petersburg, FL 33711	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/19/04

DATE

727 320 0052

DAYTIME PHONE #

CR2E034B (12/02)