

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 19, 2001 8:00 am**  
**Secretary of State**

07-10-2001 90128 028 \*\*\*550.00

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DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # P00000114715</b> 1. Entity Name <b>C.R. HAWKINS, INC.</b>					
Principal Place of Business <b>800 SUWANNEE AVENUE          BRANFORD FL 32008</b>		Mailing Address <b>POST OFFICE BOX 966          BRANFORD FL 32008</b>			
2. Principal Place of Business <b>204 NW Suwannee Ave</b>		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Branford FL</b>		City & State		4. FEI Number <b>59-3685005</b>	
Zip <b>32008</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>HAWKINS, CARL R          800 SUWANNEE AVENUE          BRANFORD FL 32008</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$550.00</b> <b>After September 12, 2001 Fee will be \$750.00</b> <b>Make Check Payable to Department of State</b>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>11. OFFICERS AND DIRECTORS</b>			<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
[Empty]			<b>President          Carl Robert Hawkins          P.O. Box 966          Branford FL 32008</b>		
[Empty]			<b>Vice-President          Carla Bryant          P.O. Box 966          Branford FL 32008</b>		
[Empty]			<b>Sec.          Carla Bryant          P.O. Box 966          Branford FL 32008</b>		
[Empty]			<b>Treas.          Carla Bryant          P.O. Box 966          Branford FL 32008</b>		
[Empty]			[Empty]		
[Empty]			[Empty]		
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.					
<b>SIGNATURE: [Signature]</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>7-5-01 386-435-2311</b> <small>Date Daytime Phone #</small>		

CR2E034 (5/01)