

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91130 006 ***150.00

DOCUMENT # P00000114715

1. Entity Name
C.R. HAWKINS, INC.

Principal Place of Business
204 NW SUWANNA AVENUE
BRANFORD FL 32008

Mailing Address
POST OFFICE BOX 966
BRANFORD FL 32008

2. Principal Place of Business

204 NW Suwannee Ave
 Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3685005**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

HAWKINS, CARL R
800 SUWANNEE AVENUE
BRANFORD FL 32008

Name **Carla Hawkins Bryant**
Street Address (P.O. Box Number is Not Acceptable)
204 NW Suwannee Ave.
Branford FL 32008

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

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ **Delete**
NAME **HAWKINS, CARL R**
STREET ADDRESS **P.O. BOX 966**
CITY-ST-ZIP **BRANFORD FL 32008**

TITLE **P** ☒ **Change** ☒ **Addition**
NAME **Carla Bryant**
STREET ADDRESS **P.O. Box 966**
CITY-ST-ZIP **Branford, FL 32008**

TITLE **VP** ☐ **Delete**
NAME **BRYANT, CARLA**
STREET ADDRESS **P.O. BOX 966**
CITY-ST-ZIP **BRANFORD FL 32008**

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

TITLE **S** ☐ **Delete**
NAME **BRYANT, CARLA**
STREET ADDRESS **P.O. BOX 966**
CITY-ST-ZIP **BRANFORD FL 32008**

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

TITLE **T** ☐ **Delete**
NAME **BRYANT, CARLA**
STREET ADDRESS **P.O. BOX 966**
CITY-ST-ZIP **BRANFORD FL 32008**

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ **Delete**
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 **Carla Bryant** **4-26-02** **386-935-2311**

Date

Daytime Phone #

CR2E034 (9/01)