

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90062 034 ***150.00

DOCUMENT # P01000089585

1. Entity Name
FIREHAWK ENTERPRISES, INC.

Principal Place of Business

7797 N. UNIVERSITY DR., STE. 105
TAMARAC FL 33321

Mailing Address

7797 N. UNIVERSITY DR., STE. 105
TAMARAC FL 33321

2. Principal Place of Business

5831 NE 14th Terr

Suite, Apt. #, etc.

3. Mailing Address

5831 NE 14th Terr

Suite, Apt. #, etc.

City & State

Ft. Lauderdale FL

City & State

Ft. Lauderdale FL

4. FEI Number

Pending

☒ **Applied For**

☐ **Not Applicable**

Zip

Country

33384

Zip

Country

33384

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

6. Name and Address of Current Registered Agent

KIRKPATRICK, CARMEL

7797 N. UNIVERSITY DR., STE. 105
TAMARAC FL 33321

7. Name and Address of New Registered Agent

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

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 ☐
 Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ **Delete**
NAME **KIRKPATRICK, CARMEL**
STREET ADDRESS **7797 N. UNIVERSITY DR., STE. 105**
CITY-ST-ZIP **TAMARAC FL 33321**

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

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CITY-ST-ZIP

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☒ **Change** ☐ **Addition**
TITLE
NAME
STREET ADDRESS **5831 NE 14th Terr**
CITY-ST-ZIP **Ft. Lauderdale FL 33384**

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

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

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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:

CARMEL KIRKPATRICK **954-784-4979**
1-10-02 **954-938-9122**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034(9/01)