

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000015195

1. Entity Name

HAWKEYE BUILDERS, INC.

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90173 047 \*\*\*150.00

Principal Place of Business

353 OSBORNE DR.  
PALM SPRINGS FL 33461

Mailing Address

353 OSBORNE DR.  
PALM SPRINGS FL 33461-2035

2. Principal Place of Business

1112 48th St #6

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Margonia Park FL

City & State

Same

4. FEI Number

65-0392980

Applied For

Not Applicable

Zip

33461

Country

U.S.

Zip

33461

Country

U.S.

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

VAN DEN BERG, DAVID  
353 OSBORNE DR.  
PALM SPRINGS FL 33461

6896 Paul Mar Dr  
Lantana FL 33462

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	VAN DEN BERG, DAVID	
STREET ADDRESS	353 OSBORNE DR.	
CITY-ST-ZIP	PALM SPRINGS FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	VANDENBERG, JEFF	
STREET ADDRESS	353 OSBOURNE DR	
CITY-ST-ZIP	PALM SPRINGS FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	VANDENBERG, AMY	
STREET ADDRESS	353 OSBOURNE DR	
CITY-ST-ZIP	PALM SPRINGS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VanDenBerg David	
STREET ADDRESS	6896 Paul Mar Dr	
CITY-ST-ZIP	Lantana FL 33462	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VanDenBerg Jeff	
STREET ADDRESS	400 Wilma Cir apt 307	
CITY-ST-ZIP	Riviera Beach FL 33404	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VanDenBerg Amy	
STREET ADDRESS	6896 Paul Mar Dr	
CITY-ST-ZIP	Lantana FL 33462	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

CR2E034 (9/99)