

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2002 8:00 am
Secretary of State

0482127 AV

DOCUMENT # P93000044232

1. Entity Name

HAWKE REAL ESTATE BROKERAGE, INC.

02-08-2002 90012 036 ***158.75

Principal Place of Business

**12511 WORLD PLAZA LANE
 FORT MYERS FL 33907
 US**

Mailing Address

**5100 S. CLEVELAND AVE.
 #318387
 FT MYERS FL 33907
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1620 MEDICAL LANE
 SUITE 227
 FORT MYERS FL**

3. Mailing Address

Suite, Apt. #, etc.

City & State

FORT MYERS FL

City & State

Zip

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4. FEI Number

65-0418127

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MEYERSON, ANDREW S
 5100 S. CLEVELAND AVE.
 #318387
 FT MYERS FL 33907**

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.

ANDREW S. MEYERSON, BROKER 1-18-02

(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	D	<input type="checkbox"/> Delete
NAME	MEYERSON, ANDREW S	
STREET ADDRESS	5100 S. CLEVELAND AVE., 318387	
CITY-ST-ZIP	FT MYERS FL	
TITLE		<input type="checkbox"/> Delete
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

1-18-02 941-850 2639

Date

Daytime Phone #

CR2E034 (9/01)