(561)664-6206

Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

KNNAR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED Feb 15, 2001 8:00 am DOCUMENT # **P93000063138 Secretary of State** 1. Entity Name HAWK SERVICES LTD., INC. 02-15-2001 90043 015 ***150.00 Principal Place of Business Mailing Address 6901 CYPRESS ROAD 6901 CYPRESS ROAD #B-13 #B-13 PLANTATION FL 33317 PLANTATION FL 33317 623487 2. Principal Place of Business 3. Mailing Address 1200 Marigold Drive 1200 Marigold Drive Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0439947 Barefoot Bay, FL Barefoot Bay, Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired___ Fee Required 32976 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Anderson, Gunnar B. Street Address (P.O. Box Number is Not Acceptable) 1200 Marigold Drive ANDERSON, GUNNAR B 6901 CYPRESS ROAD STE #B-13 PLANTATION FL 33317 Zip Code ^CBarefoot Bay, 32976 8. The above named entity submits this statement for the pu Gunnar B. Anderson ose of changing its registered office or registered agent, or both, in the State of Florida. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) TITLE ☐ Delete TITI F XX Change ■ Addition Anderson, Gunnar B. ANDERSON, GUNNAR B NAME NAME 1200 Marigold Drive STREET ADDRESS STREET ADDRESS 6901 CYPRESS ROAD, #B-13 Barefoot Bay, FL 32976 CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL TITLE ☐ Change Addition TITLE ☐ Delete NAME DALY, JOHN F NAME STREET ADDRESS STREET ADDRESS 3489 WOODRIDGE LANE CITY-ST-ZIP CITY-ST-ZIP PALM HARBOR FL 34684 TITLE TITLE □ Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Delete TITLE □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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. ANDER