

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000052532

1. Entity Name

DOROTHY HAWKINS DESIGN, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90038 015 ***150.00

Principal Place of Business

424 HARBOR DR N
INDIAN ROCKS BEACH FL 33785
US

Mailing Address

424 HARBOR DRIVE, NORTH
INDIAN ROCKS BEACH FL 33785-3115
US

646936



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

424 HARBOR DR W.
Suite, Apt. #, etc.
INDIAN ROCKS BEACH
City & State
FLORIDA

424 HARBOR DRIVE, NORTH
Suite, Apt. #, etc.
INDIAN ROCKS BEACH
City & State
FL

4. FEI Number 65-0592351

Applied For
Not Applicable

Zip
33785

Country
Pinnellas

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, DOROTHY
424 HARBOR DR N
INDIAN ROCKS BEACH FL 33785

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
HAWKINS, DOROTHY P
424 HARBOR DRIVE, NORTH
INDIAN ROCKS BEACH FL 33785

TITLE
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STREET ADDRESS
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☐ Change ☐ Addition

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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 #