

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000052532

1. Entity Name

DOROTHY HAWKINS DESIGN, INC.

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90069 005 ***150.00

Principal Place of Business

~~424 HARBOR DR N~~
~~INDIAN ROCKS BEACH FL 33785~~
US

Mailing Address

~~424 HARBOR DR N~~
~~INDIAN ROCKS BEACH FL 33785~~
US

2. Principal Place of Business

1257 Dartford Dr

Suite, Apt. #, etc.
Tarpon Springs, Fla

City State

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

Zip

34689

Country

Pinellas

Zip

Country

4. FEI Number 65-0592351

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAWKINS, DOROTHY

~~424 HARBOR DR N~~

~~INDIAN ROCKS BEACH FL 33785~~

New address
1257 Dartford Dr
Tarpon Springs, Fla
34689

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

Dorothy P. Hawkins Pres

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, 2001 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 ☐ Delete

NAME Dorothy Hawkins
STREET ADDRESS 1257 Dartford Dr.
CITY-ST-ZIP Tarpon Springs, FL 34689

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
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NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Dorothy P. Hawkins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-2001

Date

Daytime Phone #

727-9383663

CR2E034 (10/00)

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