

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P96000010177**

1. Entity Name

J.L. HAWKINS CONTRACTING, INC.

**FILED**  
**Aug 01, 2002 8:00 am**  
**Secretary of State**

08-01-2002 90169 019 \*\*\*550.00

0074896 / AV

Principal Place of Business

2801 OAK DR  
WEST PALM BEACH FL 33406

Mailing Address

2801 OAK DR  
WEST PALM BEACH FL 33406

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>65-0682904</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**HAWKINS, JERRY L  
2801 OAK DR  
WEST PALM BEACH FL 33406**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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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	HAWKINS, JERRY L	
STREET ADDRESS	2801 OAK DR	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAWKINS, DEBBE C	
STREET ADDRESS	2801 OAK DR	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HAWKINS, JESS	
STREET ADDRESS	2801 OAK DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HAWKINS, SETH	
STREET ADDRESS	2801 OAK DR	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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		
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:

*Jerry L Hawkins*

7-28-02 C-561-281-1732

CR2E034 (4/02)