## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P96000028709

Entity Name: HAWKEYES INTERNATIONAL, INC.

FILED Apr 03, 2003 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
--------------------------------------	----------------------------------

P.O BOX 56764

JACKSONVILLE, FL 322416764 US

Current Mailing Address: New Mailing Address:

PO BOX 56764

JACKSONVILLE, FL 322416764 US

FEI Number: 59-3370745 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KNOWLES, MARK A
3742 BEAUCLERC ROAD
JACKSONVILLE, FL 32257 US

KNOWLES, MARK A
1443 MALLARD LANDING BLVD
JACKSONVILLE, FL 32259 US

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: 04/03/2003

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

DPT () Delete Title: DPT (X) Change () Addition KNOWLES, MARK A Name: KNOWLES, MARK A

 Name:
 KNOWLES, MARK A
 Name:
 KNOWLES, MARK A

 Address:
 3742 BEAUCLERC ROAD
 Address:
 1443 MALLARD LANDING BLVD

 City-St-Zip:
 JACKSONVILLE, FL 32257
 City-St-Zip:
 JACKSONVILLE, FL 32259

Title: DVPS ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 WILKS, MICHAEL M
 Name:

 Address:
 10150 BELLE RIVE BLVD., #1002
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32256
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK A. KNOWLES P 04/03/2003