

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90116 011 ***150.00

DOCUMENT # P97000008456

1. Entity Name
HAWKINS REGAL FLOORING, INC.



Principal Place of Business
**1162-3 SAN JOSE BLD
JACKSONVILLE FL 32223**

Mailing Address
**1162-3 SAN JOSE BLD
SUITE 10 BOX 12
JACKSONVILLE FL 32223**

2. Principal Place of Business

11362 SAN JOSE BLVD

3. Mailing Address

11362 SAN JOSE BLVD

Suite, Apt. #, etc.

3

Suite, Apt. #, etc.

3

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

Zip

32223

Country

USA

Zip

32223

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3421431

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

HAWKINS, BEVERLY

445 STATE RD 13 11362 SAN JOSE BLVD

SUITE 10 BOX 12 SUITE # 3

JACKSONVILLE FL 32250 JACKSONVILLE, FL 32223

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HAWKINS, BEVERLY	
STREET ADDRESS	445 STATE RD 13	
CITY-ST-ZIP	JACKSONVILLE FL 32259	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HAWKINS, ROBERT	
STREET ADDRESS	445 STATE RD 13	
CITY-ST-ZIP	JACKSONVILLE FL 32259	
TITLE	BEVERLY HAWKINS	<input type="checkbox"/> Delete
NAME	11362-3 SAN JOSE BLVD	
STREET ADDRESS	JACKSONVILLE, FL 32223	
CITY-ST-ZIP		
TITLE	HAWKINS, ROBERT	<input type="checkbox"/> Delete
NAME	11362-3 SAN JOSE BLVD	
STREET ADDRESS	JACKSONVILLE, FL 32223	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ROBERT T HAWKINS 4/22/03 904-288-8208

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)