

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000041672

1. Entity Name

NIGHTHAWK, INC.

Principal Place of Business

1599 SW 30TH AVE  
SUITE 1  
BOYNTON BEACH FL 33426  
US

Mailing Address

1599 SW 30TH AVE  
SUITE 1  
BOYNTON BEACH FL 33426-9053  
US

2. Principal Place of Business

5821 MICHIGAN AVE

3. Mailing Address

5821 MICHIGAN AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Newport Richey, FL

City & State

NEWPORT RICHEY, FL

Zip

34652

Country

USA

Zip

34652

Country

USA

6. Name and Address of Current Registered Agent

BURKETT, RONALD  
221 ANDREWS AVENUE  
DELRAY BEACH FL 33483

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

Ronald Burkett

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

TITLE ☐ Delete

D  
BURKETT, RONALD  
221 ANDREWS AVENUE  
DELRAY BEACH FL 33483

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

BURKETT, RONALD  
5821 MICHIGAN AVE  
NEWPORT RICHEY, FL 34652

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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)(b) 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:

Ronald Burkett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/00

813-690-2374

CR2E034 (9/99)

FILED  
May 12, 2000 8:00 am  
Secretary of State

05-12-2000 90042 001 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0751885

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required