

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000041672

1. Entity Name

NIGHTHAWK, INC.

Principal Place of Business

5821 MICHIGAN AVE
NEW PORT RICHEY FL 34652
US

Mailing Address

5821 MICHIGAN AVE
NEW PORT RICHEY FL 34652
US

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 65-0751885

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BURKETT, RONALD
221 ANDREWS AVENUE
DELRAY BEACH FL 33483

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
|-------|------|-----------------|---|---------------------------------|-------|----------------------------|--|-------------|---------------------------------|--|
| | D | BURKETT, RONALD | 5821 MICHIGAN AVE NEW PORT RICHEY FL 34652 | <input type="checkbox"/> | | EMILY BURKETT V | 5821 MICHIGAN AVE NEW PORT RICHEY FL 34652 | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | | <input type="checkbox"/> | | BONNIE MCELROD | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | | <input type="checkbox"/> | | S | BONNIE MCELROD 5815 MICHIGAN AVE NEW PORT RICHEY, FL 34652 | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | | <input type="checkbox"/> | | T | MELODY BURKETT 320 SW 7TH ST DELRAY BEACH, FL 33444 | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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:

Ronald Burkett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/01

Date

813-690-2374

Daytime Phone #

FILED

Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90087 044 ***150.00

944001



DO NOT WRITE IN THIS SPACE

042308

CR2E034 (10/00)