

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2001 8:00 am**  
**Secretary of State**

02-20-2001 90016 006 \*\*\*150.00

**DOCUMENT # P97000104306**

1. Entity Name  
**BRITAM ENGINEERING SERVICES, INC.**

Principal Place of Business  
**7800 113TH STREET N  
 SUITE 202  
 SEMINOLE FL 33772  
 US**

Mailing Address  
**19110 GULF BOULEVARD #7  
 INDIAN SHORES FL 33785**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**17011 DOLPHIN DRIVE**  
 Suite, Apt. #, etc.

City & State  
**NORTH REDINGTON BEACH, FL**

4. FEI Number **59-3481325**  
 Applied For  
 Not Applicable

Zip  
**33708**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**HAWKINS, DAVID J  
 19110 GULF BOULEVARD #7  
 INDIAN SHORES FL 33785**

7. Name and Address of New Registered Agent  
 Name **DAVID J. HAWKINS**  
 Street Address (P.O. Box Number is Not Acceptable)  
**17011 DOLPHIN DRIVE**  
 City **NORTH REDINGTON BEACH** **FL** Zip Code **33708**

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 *David J. Hawkins* **2/15/01**  
 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. ☐  
**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	SDVT	<input type="checkbox"/> Delete	TITLE	SDVT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAWKINS, DAVID J		NAME	HAWKINS, DAVID J.	
STREET ADDRESS	19110 GULF BOULEVARD #7		STREET ADDRESS	17011 DOLPHIN DRIVE	
CITY-ST-ZIP	INDIAN SHORES FL 33785		CITY-ST-ZIP	NORTH REDINGTON BEACH, FL. 33708	
TITLE	P	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAWKINS, DAVID J		NAME	HAWKINS, DAVID J.	
STREET ADDRESS	19110 GULF BOULEVARD #7		STREET ADDRESS	17011 DOLPHIN DRIVE	
CITY-ST-ZIP	INDIAN SHORES FL 33785		CITY-ST-ZIP	NORTH REDINGTON BEACH, FL. 33708	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *David J. Hawkins* **DAVID J. HAWKINS** **2/15/01** **727-392-0492**  
 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0377080

CR2E034 (10/00)