

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90435 034 \*\*\*150.00

**DOCUMENT # P98000083128**

1. Entity Name

**HAWKINS TERMITE AND PEST CONTROL, INC**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**621 FISH HATCHERY RD**

3. Mailing Address

**621 FISH HATCHERY RD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**LAKELAND FL**

City & State  
**LAKELAND FL**

4. FEI Number

**59 353 6496**

Applied For

Not Applicable

Zip  
**33801**

Country  
**POLK**

Zip  
**33801**

Country  
**POLK**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name **CARL C HAWKINS**

Street Address (P.O. Box Number is Not Acceptable)

**625 FISH HATCHERY RD**

City **LAKELAND**

**FL**

Zip Code  
**33801**

**DO NOT WRITE  
IN THIS SPACE**

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

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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 NAME STREET ADDRESS CITY-ST-ZIP	President Carl C. Hawkins 625 Fish Hatchery Rd. Lakeland, FL 33801	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary-Treasurer Wanda H. Hawkins 625 Fish Hatchery Rd. Lakeland, FL 33801	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Carl C. Hawkins*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/03

Date

863-667-1153

Daytime Phone #

CR20034R (12/02)