

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 06, 2001 8:00 am
Secretary of State

08-06-2001 90004 001 ***150.00

DOCUMENT # P990000026777

1. Entity Name

HAWKRIDGE ENTERPRISES, INC.

Principal Place of Business

**9401 WILLOW COVE COURT
TAMPA FL 33647**

Mailing Address

**9401 WILLOW COVE COURT
TAMPA FL 33647**

2. Principal Place of Business

16304 Sambourne Lane

Suite, Apt. #, etc.

3. Mailing Address

16304 Sambourne Lane

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Tampa FL

Zip

33647

Country

US

Zip

33647

Country

US

4. FEI Number

59-3566755

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

WILKINSON, JOHN

9401 WILLOW COVE COURT

TAMPA FL 33647

7. Name and Address of New Registered Agent

Name

Wilkinson, John

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

16304 Sambourne Lane

City

Tampa

FL

Zip Code

33647

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]

John Wilkinson

8-1-01

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.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
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	D	<input type="checkbox"/> Delete
NAME	WILKINSON, JOHN	
STREET ADDRESS	9401 WILLOW COVE COURT	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	16304 Sambourne Lane	
CITY-ST-ZIP	Tampa, FL 33647	
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		
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		

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:

[Signature] **John Wilkinson**

8-1-01

813-979-9000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)

Attachment Doc# PG190000267M
Box 61520

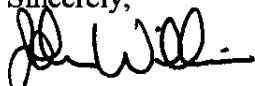
August 8, 2001

Division of Corp.
UBR Filings
PO Box 1500
Tallahassee, FL 32302

Dear Div of Corp,

My UBR was sent to my former address where it was not forwarded to my attention. I am enclosing a check for \$150 to cover the fee for the UBR.

Sincerely,



John Wilkinson
President
HawkRidge Enterprises, Inc.