2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P9900083680 Jun 29, 2000 8:00 am 1. Entity Name Secretary of State HAWKHEAD, INC. 05-23-2000 90223 028 ***158.75 Principal Place of Business Mailing Address 200 INDUSTRIAL LOOP, GENERAL OFFICE 200 INDUSTRIAL LOOP, GENERAL OFFICE STF. 158 STF 158 ORANGE PARK FL 32073 ORANGE PARK FL 32073 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE. Applied For 4. FEI Number 59-36000/5 City & State City & State Not Applicable Zip Country Country \$8.75 Additional Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ROSS, RUSSELL Street Address (P.O. Box Number is Not Acceptable) 200 INDUSTRIAL LOOP, GENERAL OFFICE STE. 158 **ORANGE PARK FL 32073** Zip Code City B. 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 FILE NOW!!! FEE IS \$150,00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. DD XI Addition TITLE Delete RUSSELL ROSS 200 INDUSTRIAL LOOP # 158 NAME NAME STREET ADDRESS STREET ADDRESS orange Park Fl CITY-ST-ZIP 32073 CATY-ST-ZIP VSD **X**Addition Delete TITLE THILE TRACY COMBS NAME STREET ADDRESS STREET ADDRESS DRANGE PARK CITY-ST-ZIP CITY-ST-7/P CHERYLL ROSS Delete TITLE TITLE NAME LOOP#158 200 INDUSTA STREET AGORESS STREET ADDRESS CITY-ST-ZIP BRANCE CITY-ST-ZIP 🕱 Addition ☐ Delete TITLE TITLE MAME PATRICK SMITH NAME LOOP #158 STREET ADDRESS 200 JUDUSTRIAL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZJP DPHPGE PORK ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET MINISTERS CITY-ST-ZIP 51-70 Change ☐ Addition Delete TITLE NAME STREET ADDRESS -----CITY-ST-ZIP 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 eccurate 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 reporter 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 attact point with an address, with all other like empowered. HGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR RUSSELL S. ROSS

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