

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000096459

1. Entity Name

HAWKEYE & ASSOCIATES, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90193 031 ***150.00

Principal Place of Business

2640 OAKBROOK LANE
WESTON FL 33322

Mailing Address

2640 OAKBROOK LANE
WESTON FL 33332-3405

2. Principal Place of Business

10877 N.W. 52nd St.

3. Mailing Address

Suite, Apt. #, etc.

Suite 3

City & State

Sunrise, Fla.

City & State

4. FEI Number

65-0961589

Applied For

Not Applicable

Zip

33351

Country

USA

Zip

Country

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

ROBERTS, MIKE
2640 OAKBROOK LANE
WESTON FL 33322

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, 2000 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	DP	<input type="checkbox"/> Delete
NAME	ROBERTS, MIKE	
STREET ADDRESS	2640 OAKBROOK LANE	
CITY-ST-ZIP	WESTON FL 33322	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBERTS, DOREEN	
STREET ADDRESS	2640 OAKBROOK LANE	
CITY-ST-ZIP	WESTON FL 33322	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Mike Roberts
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/11/00 954-747-7530

CR2E034 (9/99)