

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S45202

1. Entity Name

HAWKINS AUTOMOTIVE INC

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90255 024 ***150.00

Principal Place of Business

Mailing Address

1111-R ENTERPRISE CT
HOLLY HILL FL 32117
US

2412 TOMOKA FARMS RD
DAYTONA BEACH FL 32124-3730
US

2. Principal Place of Business

3. Mailing Address

209 AVE "C"
Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

GENEVA, FLA.

Zip

Country

SEMINOLE

City & State

Zip

Country

4. FEI Number

59-3059577

Applied For

Not Applicable

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

HAWKINS, LEROY R.
2412 TOMOKA FARMS RD
DAYTONA BCH FL 32124

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 LEROY R. HAWKINS PRES, Leroy R. Hawkins 11 APRIL 2000

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	PD	<input type="checkbox"/> Delete
NAME	HAWKINS, LEROY R	
STREET ADDRESS	2412 TOMOKA FARMS RD	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	HAWKINS, JOYCE	
STREET ADDRESS	2412 TOMOKA FARMS RD	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	HAWKINS, ROY R	
STREET ADDRESS	3980 BEXHILL DR	
CITY-ST-ZIP	NEW SYRNA BEACH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	HAWKINS, LINDA	
STREET ADDRESS	3980 BEXHILL DR	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	
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"/> 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	
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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: LEROY R. HAWKINS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11 APRIL 2000 (904) 255 9447
Date Daytime Phone #

CR2E034 (9/99)