

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90228 046 ***150.00

DOCUMENT # S45202

1. Entity Name

HAWKINS AUTOMOTIVE INC

Principal Place of Business

209 AVE 'C'
GENEVA FL
US

Mailing Address

2412 TOMOKA FARMS RD
DAYTONA BEACH FL 32124
US

2. Principal Place of Business

209 AVE. "C"

Suite, Apt. #, etc.

GENEVA, FLA.

City & State

3. Mailing Address

2412 TOMOKA FARMS RD

Suite, Apt. #, etc.

DAYTONA BEACH FLA

City & State

Zip

Country

SEMINOLE

Zip

32124

Country

USA

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

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

7. Name and Address of New Registered Agent

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
Signature, typed or printed name of registered agent and title if applicable.

Leroy R. Hawkins
(NOTE: Registered Agent signature required when reinstating)

17 APR 11 2001
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, 2001 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

TITLE ☐ Delete
NAME PD
STREET ADDRESS HAWKINS, LEROY R
CITY-ST-ZIP 2412 TOMOKA FARMS RD
DAYTONA BEACH FL

TITLE ☐ Delete
NAME V
STREET ADDRESS HAWKINS, JOYCE
CITY-ST-ZIP 2412 TOMOKA FARMS RD
DAYTONA BEACH FL

TITLE ☐ Delete
NAME T
STREET ADDRESS HAWKINS, ROY R
CITY-ST-ZIP 3980 BEXHILL DR
NEW SMYRNA BEACH FL

TITLE ☐ Delete
NAME S
STREET ADDRESS HAWKINS, LINDA
CITY-ST-ZIP 3980 BEXHILL DR
NEW SMYRNA BEACH FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

LEROY R. HAWKINS

17 APR 11 2001 (904) 2555447
Date Daytime Phone #

CR2E034 (10/00)