

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 288348

1. Entity Name

COLQUITT INC

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90929 004 ***150.00

Principal Place of Business

Mailing Address

S. ORLEANS AVE.
TAMPA FL 33606

810 S. ORLEANS AVE.
TAMPA FL 33606-2939

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

WATSON, ANSLEY JR.
111 E. MADISON ST.
TAMPA FL 33602

4. FEI Number

59-1108420

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	WATSON, CHARLES P.	810 S. ORLEANS AVE.	TAMPA FL	<input type="checkbox"/>
VCD	WATSON, ANSLEY	935 FRANKLAND RD.	TAMPA FL	<input type="checkbox"/>
VSD	WATSON, ANSLEY JR.	111 E. MADISON ST.	TAMPA FL	<input type="checkbox"/>
CD	WATSON, JANE P.	935 FRANKLAND RD	TAMPA FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 an other like empowered.

SIGNATURE:

Charles P. Watson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CHARLES P. WATSON PRESIDENT

APRIL 25 2000 (813) 245-7746

Date

Daytime Phone #

CR2E034 (9/99)