

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 11, 2002 8:00 am
Secretary of State

07-11-2002 90251 013 ***558.75

DOCUMENT # 294863

1. Entity Name
WATKINS ENGINEERS & CONSTRUCTORS, INC.

Principal Place of Business

**2101 MARYLAND CIR
TALLAHASSEE FL 32303**

Mailing Address

**2101 MARYLAND CIR
TALLAHASSEE FL 32303**

2. Principal Place of Business

2101 Maryland Circle
Suite, Apt. #, etc.

3. Mailing Address

2101 Maryland Circle
Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Tallahassee, FL

Zip

32303

Country

USA

Zip

32303

Country

USA

4. FEI Number **59-1100102**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**YEARY, SCOTT
2101 MARYLAND CIR
TALLAHASSEE FL 32303**

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. I am familiar with, and accept the obligations of registered agent

SIGNATURE

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

Vice President

(NOTE: Registered Agent signature required when reinstating)

7/8/02

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **V** ☐ Delete
NAME **WATKINS, E M JR**
STREET ADDRESS **2101 MARYLAND CIRCLE**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **V** ☐ Delete
NAME **SKINNER, THOMAS D**
STREET ADDRESS **2101 MARYLAND CIRCLE**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **V** ☒ Delete
NAME **NEVIN, GEORGE F**
STREET ADDRESS **2101 MARYLAND CIRCLE**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **D** ☐ Delete
NAME **SUNDGREN, D. E.**
STREET ADDRESS **2101 MARYLAND CIRCLE**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **P** ☐ Delete
NAME **AARON, EDDIE L**
STREET ADDRESS **2101 MARYLAND CIRCLE**
CITY-ST-ZIP **TALLAHASSEE FL 32304**

TITLE **VT** ☐ Delete
NAME **YEARY, SCOTT**
STREET ADDRESS **147 CATILLION CIRCLE**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

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

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

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

TITLE ☒ Change ☐ Addition
NAME **Yeary, Scott**
STREET ADDRESS **2101 Maryland Circle**
CITY-ST-ZIP **Tallahassee, FL 32303**

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: **SIGNATURE REQUIRED Vice President 7/8/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)