FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 365212  1. Entity Name					Mar 19, 2001 8:00 am Secretary of State			
WATSO	N INTERNATIONAL CO, INC.		_			462 002 ***150.		
Principal Plac	ce of Business	Mailing Address						
798 S. FEDERAL HWY. % OSBORNE. HANKINS & MACLAREN BOCA RATON FL 33432 US		798 S. FEDERAL HWY. % OSBORNE. HANKINS & MACLAREN BOCA RATON FL 33432 US				CENTRU BURNI BURNI BURNI BURNI BURNI	~ 	
2. Principal Place of Business		3. Mailing Address P.O. Drawer 40						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		ļ	DO NOT WRITE I	N THIS SPACE .		
City & State		City & State Boca Raton, Florida		<b>4.</b> F	59-1348858	<del> </del>	pplied For ot Applicable	
Zip	Country	Zip C 33429	ountry USA	5. (	Certificate of Status Desired	S8.75 Add Fee Require		
	6. Name and Address of Current F	tegistered Agent	Nama		lame and Address of New Reg	istered Agent		
OCDODNIE DAV C					Wendy H.		<u> </u>	
SUITE 100, 798 S FEDERAL HWY			Street Ad	Address (P.O. Box Number is Not Acceptable)				
BOC	A RATON FL 33432			8 S. F	. Fed. Hwy., Suite 100			
			City B	oca Ra	ton	FL Zip Code	132	
SIGNATURE	s named entity submits this statement for which the statement for	No	Stered Office or		2/20	0/2001 DATE		
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State		50.00	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.			
11.	OFFICERS AND D		12.	AD	DITIONS/CHANGES TO OFFICE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OSBORNE, RAY C. 798 S. FEDERAL HWY. BOCA RATON FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Jones, Wendy 798 S. Federal Hwy. Boca Raton Fl		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/D Jones 798 S.	Wendy H. Fed. Hwy.	<b>X</b> [X] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		24	TITLE NAME STREET ADDRESS CITY-ST-ZIP		e in a minus serving managers of	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		_ 5000	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		_ 5000	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
indicated of the cor	certify that the information supplied with to on this report or supplemental report is to poration or the receiver or trustee emporor on an attachment with an address, we	rue and accurate and that my sig vered to execute this report as re	gnature shall ha	ave the same I	egal effect as if made under oath	n; that I am an officer	or director	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE:

Wendy H. Jones

2/20/01

561-395-1000

Daytime Phone #