

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90032 035 \*\*\*150.00

**DOCUMENT # 503343**

1. Entity Name

**STEPHEN G. WATTS, P.A.**

Principal Place of Business

Mailing Address

~~611 DRUID RD E. #107~~  
~~P.O. BOX 10213~~  
 CLEARWATER FL 34616  
 US

~~611 DRUID RD E. #107~~  
 P O BOX 10213  
 CLEARWATER FL 33757-8213  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

*809 Druid Rd E.*

*809 Druid Rd E*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*P.O. Box 10213*

*PO Box 10213*

City & State

City & State

*Clearwater FL*

*Clearwater FL*

Zip

Country

Zip

Country

*33756*

*Pinellas*

*33756*

*Pinellas*

4. FEI Number

**59-1672107**

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

WATTS, STEPHEN G

~~611 DRUID ROAD E. #107~~  
~~CLEARWATER FL 33718~~

*809 DRUID RD. E.*  
*33756*

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

*[Signature]*

*1/6/2000*

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	TDP	<input type="checkbox"/> Delete
NAME	WATTS, STEPHEN G	
STREET ADDRESS	1130 CLEVELAND ST.	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MEYER, LARRY K.	
STREET ADDRESS	1130 CLEVELAND STREET	
CITY-ST-ZIP	CLEARWATER 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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TDP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHEN G. WATTS	
STREET ADDRESS	809 DRUID RD, E.	
CITY-ST-ZIP	CLEARWATER FL 33756	
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		
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:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*1/6/2000*