

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90072 017 ****70.00

DOCUMENT # 712735

1. Entity Name
WATSON CENTER, INC.

Principal Place of Business 6925 112 CIR N S103 LARGO FL 33773 US	Mailing Address 6925 112 CIR N S103 LARGO FL 33773 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 23-7042938	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
TIFFIN, JAY
5 DESOTO PL
BELEAIR FL 34616

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME SD HOLDREN, EVELYN 701 POINSETTIA ROAD, #136 BELLEAIR FL 33756	<input type="checkbox"/> Delete
TITLE NAME 2V GOMEZ, RICHARD 417 ST ANDREWS DRIVE BELLEAIR FL 33756	<input checked="" type="checkbox"/> Delete
TITLE NAME TD TIFFIN, JAY 5 DESOTO PL BELLEAIR FL	<input type="checkbox"/> Delete
TITLE NAME D NORDLINGER STERN, DUKE DR 385 BAYVIEW DR NE ST PETERSBERG FL	<input type="checkbox"/> Delete
TITLE NAME 1V ARMES, STACY 100 SECOND AVE SOUTH SAINT PETERSBURG FL 33701	<input type="checkbox"/> Delete
TITLE NAME PD COMSTOCK, CHRIS 1951 MICHIGAN AVENUE, NE ST PETERSBURG FL	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME 2nd Vice Chairman Dr. Mark Sarno 8657 Longwood Drive Largo, FL 33777	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME Chairman of the Board	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jay H. Tiffin* Jay H. Tiffin Treasurer 01/26/01 (727) 544-4433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)