


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90108 027 \*\*\*\*70.00

**DOCUMENT # 712735**

1. Entity Name  
**WATSON CENTER, INC.**



Principal Place of Business      Mailing Address

6925 112 CIR N      6925 112 CIR N  
S103      S103  
LARGO FL 33773      LARGO FL 33773  
US      US

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  **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**SARNO, MARK DR**  
**8675 LONGWOOD DR**  
**LARGO FL 33777**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

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

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>LAMB, MICHAEL</b>	
STREET ADDRESS	<b>2240 BELLEAIR RD STE-145</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33764</b>	
TITLE	<b>1VCT / T</b>	<input type="checkbox"/> Delete
NAME	<b>SARNO, MARK DR.</b>	
STREET ADDRESS	<b>8657 LONGWOOD DRIVE</b>	
CITY-ST-ZIP	<b>LARGO FL 33777</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>TIFFIN, JAY</b>	
STREET ADDRESS	<b>5 DESOTO PL</b>	
CITY-ST-ZIP	<b>BELLEAIR FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>NORDLINGER STERN, DUKE DR</b>	
STREET ADDRESS	<b>385 BAYVIEW DR NE</b>	
CITY-ST-ZIP	<b>ST PETERSBERG FL</b>	
TITLE	<b>COB</b>	<input type="checkbox"/> Delete
NAME	<b>AMES, STACY</b>	
STREET ADDRESS	<b>100 SECOND AVE SOUTH</b>	
CITY-ST-ZIP	<b>SAINT PETERSBURG FL 33701</b>	
TITLE	<b>2VC</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>FOLLO, TAMMY</b>	
STREET ADDRESS	<b>2874 WESTCOTT DR</b>	
CITY-ST-ZIP	<b>PALM HARBOR FL 34684</b>	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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 checked="" type="checkbox"/> Addition
NAME	<b>C. Christopher Comstock</b>	
STREET ADDRESS	<b>1951 MICHIGAN AVE NE</b>	
CITY-ST-ZIP	<b>St PETERSBURG FL 33703</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>TED HENTER</b>	
STREET ADDRESS	<b>8335 37th Avenue N</b>	
CITY-ST-ZIP	<b>St PETERSBURG FL 33710</b>	

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: SARNO **SIGNATURE REQUIRED** 3/27/03 (727)399-2778

CR2E037 (10/02)