

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91452 018 ***150.00

DOCUMENT # <i>F02000004282</i>	
1. Entity Name	
WATMAN INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
5439 SOMERS POINT ROAD		Suite, Apt. #, etc.	
Suite, Apt. #, etc.		City & State	
City & State		City & State	
MAYS LANDING, NJ		City & State	
Zip	Country	Zip	Country
08330			

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
02-0604295	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name	
GREGORY WATSON	
Street Address (P.O. Box Number is Not Acceptable)	
9041 EGRET COVE CIRCLE	
City	Zip Code
RIVERVIEW	33569

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. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11.

TITLE	PRESIDENT	TITLE	
NAME	GREGORY WATSON	NAME	
STREET ADDRESS	9041 EGRET COVE CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	RIVERVIEW, FL 33569	CITY-ST-ZIP	
TITLE	SECY/ TREAS	TITLE	
NAME	RICHARD S MANIN	NAME	
STREET ADDRESS	5439 SOMERS POINT RD	STREET ADDRESS	
CITY-ST-ZIP	MAYS LANDING, NJ 08330	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: **GREGORY WATSON** **813-612-5652**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #