

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000005648

1. Entity Name

STEVEN M. WATT COMPANY, INC.

Principal Place of Business

3704 ASCOT BEND COURT  
BONITA SPRINGS FL 33923

Mailing Address

GULFSHORE HOMES  
23815 ADDISON PL. CT  
BONITA SPRINGS FL 33923

2. Principal Place of Business

23815 Addison Pl Ct  
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Bonita Springs FL

City & State

Zip

34134

Country

Zip

Country

4. FEI Number 13-3026930

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SALVATORI, LEO J  
QUARLES & BRADY  
4501 NORTH TAMiami TRAIL SUITE 300  
NAPLES FL 33940

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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

TITLE PVST ☐ Delete  
NAME WATT, STEVEN M  
STREET ADDRESS 10399 QUAIL CROWN DRIVE  
CITY-ST-ZIP NAPLES FL 33999

TITLE CVCD ☐ Delete  
NAME WATT, STEVEN M  
STREET ADDRESS 10399 QUAIL CROWN DRIVE  
CITY-ST-ZIP NAPLES FL 33999

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 23815 Addison Pl Ct  
CITY-ST-ZIP Bonita Springs FL 34134

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 23815 Addison Pl Ct  
CITY-ST-ZIP Bonita Springs FL 34134

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 900004384119--7  
CITY-ST-ZIP -06/08/01--01095--001  
\*\*\*3920.00 \*\*\*\*158.75

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS \$158.75  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
01 MAY -1 PM 1:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4-27-01 941-947-2929