

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H98002

1. Entity Name

WATTS & ASSOCIATES, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90053 002 ***150.00

Principal Place of Business

Mailing Address

100 RIVERSTONE DR
JASPER GA 30143

100 RIVERSTONE DR
JASPER GA 30143-8350



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0088184

Applied For
Not Applicable

Zip

Country

Zip

Country

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

MATZA, CHARLES
65113 MALLARDS PL
COCONUT CREEK FL 33073

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, 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	PD	<input checked="" type="checkbox"/> Delete
NAME	WATTS, RODNEY	
STREET ADDRESS	100 RIVERSTONE DR	
CITY-ST-ZIP	JASPER GA	
TITLE	VSD	<input checked="" type="checkbox"/> Delete
NAME	WATTS, G. S.	
STREET ADDRESS	100 RIVERSTONE DR	
CITY-ST-ZIP	JASPER GA	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	WATTS, SHARON	
STREET ADDRESS	100 RIVERSTONE DR	
CITY-ST-ZIP	JASPER GA	
TITLE	D	<input type="checkbox"/> Delete
NAME	WATTS, RANDAL L	
STREET ADDRESS	100 RIVERSTONE GA	
CITY-ST-ZIP	JASPER GA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATTS, RODNEY	
STREET ADDRESS	100 RIVERSTONE DR.	
CITY-ST-ZIP	JASPER, GA 30143	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATTS, G.S.	
STREET ADDRESS	100 RIVERSTONE DR	
CITY-ST-ZIP	JASPER, GA 30143	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATTS, SHARON	
STREET ADDRESS	100 RIVERSTONE DR.	
CITY-ST-ZIP	JASPER, GA 30143	
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:

Rodney Watts
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/00

770-735-7387

Date

Daytime Phone #

CR2E034 (9/99)