

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90223 023 ***150.00

DOCUMENT # J06540

1. Entity Name
KIMBERLY WATSON, D.C., P.A.



Principal Place of Business
**3060 E. SEMORAN BLVD.
SUITE 108
APOPKA FL 32703**

Mailing Address
**3060 E. SEMORAN BLVD.
SUITE 108
APOPKA FL 32703**

2. Principal Place of Business

2711 W. STATE RD. 434

Suite, Apt. #, etc.

3. Mailing Address

2711 W. STATE RD 434

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
Longwood, FL

Zip
32779

Country
USA

City & State
Longwood, FL

Zip
32779

Country
USA

4. FEI Number
59-2653733

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**WATSON KIMBERLY DC
263 MOUNTS BAY CT
LONGWOOD FL 32779**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PS** ☐ Delete
NAME **WATSON, KIMBERLY**
STREET ADDRESS **263 MOUNTS BAY CT**
CITY-ST-ZIP **LONGWOOD FL**

TITLE **D** ☐ Delete
NAME **WATSON, KIMBERLY**
STREET ADDRESS **263 MOUNTS BAY CT**
CITY-ST-ZIP **LONGWOOD FL**

TITLE **T** ☐ Delete
NAME **CUDDEBACK, JEFFERY B.**
STREET ADDRESS **263 MOUNTS BAY CT**
CITY-ST-ZIP **LONGWOOD FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE **Jeffrey B. Cuddeback** **1/22/03** **407-774-3311**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)