2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # J81295 Jul 20, 2000 8:00 am 1. Entity Name **Secrétary of State** ROD AND BARBARA WATSON, INC. 07-20-2000 90023 028 ***550.00 Mailing Address Principal Place of Business 139 LEPORT DR 139 LEPORT DR PENSACOLA FL 32561 PENSACOLA FL 32561 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-2850146 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required-6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WATSON, RODNEY O. Street Address (P.O. Box Number is Not Acceptable) 139 LEPORT DR PENSACOLA FL 32561 Zip Code City 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 FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition Change TITLE Delete TITLE WATSON, RODNEY O. NAME NAME STREET ADDRESS STREET ADDRESS 139 LEPORT DR PENSACOLA FL CITY-ST-ZIP CITY-ST-ZIP SFT ☐ Delete TITLE Change ☐ Addition TITLE WATSON, BARBARA J NAME NAME STREET ADDRESS STREET ADDRESS LEPORT DR CITY-ST-ZIP CITY-ST-ZIP PENSACOLA, FL.F ☐ Change ☐ Addition TITI F Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITI F ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

BORGATING SOREQUIRED

משל זו אך

850-429-0555

Davtme Phone