

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J83111

1. Entity Name

C. M. WATSON BUILDERS, INC.

Principal Place of Business

% CHARLES M. WATSON  
1322 LEEWOOD DRIVE  
TALLAHASSEE FL 32312

Mailing Address

% CHARLES M. WATSON  
1322 LEEWOOD DRIVE  
TALLAHASSEE FL 32312

2. Principal Place of Business

1322 Leewood Dr.

3. Mailing Address

1322 Leewood Dr.

Suite, Apt. #, etc.

Tallahassee

Suite, Apt. #, etc.

Fla.

City & State

Tallahassee

City & State

Fla.

Zip

32312

Country

Leon

Zip

32312

Country

FL

6. Name and Address of Current Registered Agent

WATSON, CHARLES M.  
1322 LEEWOOD DRIVE  
TALLAHASSEE FL 32312

4. FEI Number 59-2823947

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

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	P.	<input type="checkbox"/> Delete
NAME	WATSON, CHARLES M.	
STREET ADDRESS	1322 LEEWOOD DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	S.	<input type="checkbox"/> Delete
NAME	WATSON, BILLIE G.	
STREET ADDRESS	1322 LEEWOOD DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-01

Date

599-5413

Daytime Phone #

CR2E034 (10/00)

0020202

**FILED**  
**Mar 09, 2001 8:00 am**  
**Secretary of State**

03-09-2001 90478 038 \*\*\*158.75



DO NOT WRITE IN THIS SPACE