

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90069 033 ***150.00

DOCUMENT # J98675

1. Entity Name
WATSON TRUCKING & EQUIPMENT RENTAL, INC.

Principal Place of Business
11050 WILES RD. SUITE 103
SUITE 102
CORAL SPRINGS FL 33076
US

Mailing Address
11050 WILES RD. SUITE 103
SUITE 102
CORAL SPRINGS FL 33076
US

2. Principal Place of Business

5600 NW 102nd Ave

Suite, Apt. #, etc.

Suite H

City & State

Sunrise, FL

Zip

33351

Country

USA

3. Mailing Address

5600 NW 102nd Ave

Suite, Apt. #, etc.

Suite H

City & State

Sunrise, FL 33351

Zip

33351

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0014924

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WATSON, JOHN F.

11050 WILES RD., SUITE 103

CORAL SPRING FL 33076

7. Name and Address of New Registered Agent

Name

John F Watson

Street Address (P.O. Box Number is Not Acceptable)

5600 NW 102nd Ave

Suite H

City

Sunrise

FL

Zip Code

33351

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

02-07-02

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, 2002 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, JOHN F.	
STREET ADDRESS	12030 N.W. 20TH ST.	
CITY-ST-ZIP	PLANTATION FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	WATSON, KEVIN	
STREET ADDRESS	8727 NW 39TH ST	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE	S	<input type="checkbox"/> Delete
NAME	WATSON, DEBBIE	
STREET ADDRESS	12030 NW 20TH CT.	
CITY-ST-ZIP	PLANTATION FL 33323	
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	
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	
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: **X** SIGNATURE: **[Signature]**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-07-02

Date

Daytime Phone #

CR2E034 (9/01)