

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90374 047 ***150.00

DOCUMENT # **L05889**

1. Entity Name

Watts Mechanical, Inc



DO NOT WRITE IN THIS SPACE

40085978

2. Principal Place of Business
5126 Woodlane Circle

3. Mailing Address
5126 Woodlane Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Tallahassee, FL

City & State
Tallahassee, FL

4. FEI Number
59-2962551

Applied For
Not Applicable

Zip
32303

Country
USA

Zip
32303

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Jacqueline A. Watts

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

2034 Atapha Nene

City
Tallahassee

FL

Zip Code
32301

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

Jacqueline A. Watts

Signature, typed or printed name of registered agent or director if applicable

(NOTE: Registered Agent's signature required when not a director)

DATE

4-21-08

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP

**PVP/S/T
Jacqueline A Watts
2034 Atapha Nene
Tallahassee, FL 32301**

TITLE
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Jacqueline A. Watts
Jacqueline A. Watts

4-21-08 850-224-4822

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)