2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L09906

1. Entity Name

DAVID WATKINS, L.M.H.C., P.A.

Principal Place of Business	Mailing Address
3111 UNIVERSITY DRIVE SUITE 725 CORAL SPRINGS FL 33065 US	3111 UNVIERSITY DRIVE SUITE 725 CORAL SPRINGS FL 33065-1438 US

2. Principal Place of Business
1505 UNIVERSITY DR
(Suite) Apt. #, etc.
400
City & State
CORAL SPRINGS, FL
Zip 33071   Country BROWARD

3. Mailing Address
1505 UNIVERSITY DR
Suite, Apt. #, etc.
Ste 400
City & State
CORAL SPRINGS, FL
Zip 33071   Country BROWARD

4. FEI Number   65-0141299
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WATKINS, DAVID W
2321 NE 50TH COURT
LIGHTHOUSE FL 33064

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 _David W. Watkins LMHC, PA_   2/6/00
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, 2000 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		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WATKINS, DAVID W 2321 N.E. 50TH COURT LIGHTHOUSE POINT FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition

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: _David W. Watkins_   2/6/00   954-421-6727
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #