JUN. 8.2000 10:22AM NO.518 P.1/1

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98-415

1. Entity Name
Watson,Land,L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 10 AM 9:25

Principal Place of Business	Mailing Address
5365 E. Highway 30A Suite 105 Seagrove Beach, FL 32459	5365 E. Highway 30A Suite 105 Seagrove Beach, FL 32459

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-351 4669 ☐ Applied For ☐ Not Applicable

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

5. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Franklin H. Watson 5365E. Highway 30A, Suite 105 Seagrove Beach, FL 32459	Name: Franklin H. Watson, P.A. Street Address (P.O. Box Number is Not Acceptable): 5365 E. Highway 30A, Suite 105 City: Seagrove Beach, 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 _____ DATE
(Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so: (See criteria on back) ☐

FILE NUMBER FEE IS $150.00
(After May 1, 2000 Fee will be $400.00
Delay Interest Payable to Department of State)

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Manager Franklin H. WAtson 5365 E. Highway 30A, Suite 105 Seagrove BEach, FL 32459	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Manager Lynn H. Watson 5365 E. Highway 30A, Suite 105 Seagrove Beach, FL 32459	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	900003327223--6 -07/19/00--01018--020 *****50.00 *****50.00	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #