## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 30, 2002 8:00 am Secretary of State DOCUMENT # L9800000415 1. Entity Name 04-30-2002 90039 037 \*\*\*\*50.00 WATSON LAND, L.L.C. Mailing Address Principal Place of Business 5365 E. HWY 30-A STE 105 5365 E. HWY 30-A STE 105 SEAGROVE BEACH FL 32459 SEAGROVE BEACH FL 32459 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State 59-3514669 City & State Not Applicable \$5.00 Additional Country Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WATSON, FRANKLIN H P.A. Street Address (P.O. Box Number is Not Acceptable) 381 PITTS BAYSHORE DRIVE FREEPORT FL 32439 Zip Code City FL 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. DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 ADDITIONS/CHANGES 10. MANAGING MEMBERS/MANAGERS 9. ☐ Addition Change MGR ☐ Delete TITLE TITLE NAME WATSON, FRANKLIN H NAME STREET ADDRESS STREET ADDRESS 5365 E. HWY 30-A CITY-ST-ZIP CITY-ST-ZIP **SEAGROVE BEACH FL 32439** Change ☐ Addition TITLE MGR ☐ Delete TITLE NAME WATSON, LYNN H NAME STREET ADDRESS 5365 E. HWY 30-A STE 105 STREET ADDRESS CITY-ST-ZIP **SEAGROVE BEACH FL 32459** CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME ` STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED