

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # M66758**1. Entity Name
WATKINS PROPERTIES, INC.**FILED**
Jan 18, 2001 8:00 am
Secretary of State

01-18-2001 90014 023 ***150.00

0622043

Principal Place of Business
**918 (REAR) PARK AVE
918 (REAR) PARK AVE.
LAKE PARK FL 33403
US**Mailing Address
**918 (REAR) PARK AVE
918 (REAR) PARK AVE.
LAKE PARK FL 33403
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country4. FEI Number **65-0068821**
Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**6. Name and Address of Current Registered Agent
**DICKENSON, GREGORY B.
140 INTRACOASTAL POINTE DR.
SUITE 401
JUPITER FL 33477**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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, 2001 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	PC WATKINS, CHARLES N. 918 PARK AVE. (REAR) LAKE PARK FL 33403 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 #

CR2E034 (10/00)

CHANGE OF ADDRESS NOTICE

August 9, 2000

attachment

D# M66758

603875

TO: Division of Corp./Dept. of State

REFERENCE:

ACCOUNTS

Doc: # M66758

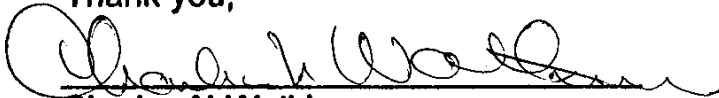
Watkins Property F.E.I. # 65-0068821

I am closing my office, and request my mail be sent to my home address. Please change your records as follows:

Old mailing address: Charles, or Chuck Watkins
918 (Rear) Park Avenue
Lake Park, Florida 33403

NEW MAILING ADDRESS: CHARLES, OR CHUCK WATKINS
541 KINGFISH ROAD
NORTH PALM BEACH, FL 33408

Thank you,



Charles N Watkins

CHUCK WATKINS

CHUCK WATKINS

RECEIVED BY MAIL AT 10:00 AM