

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 09, 2002 8:00 am**  
**Secretary of State**

09-09-2002 90017 032 \*\*\*150.00

**DOCUMENT # P00000060655**

1. Entity Name  
**CERTIFIED CLOCK & WATCH SHOP, INC.**

Principal Place of Business

36177 U.S. HWY. 19 N.  
 PALM HARBOR FL 34684

Mailing Address

36177 U.S. HWY. 19 N.  
 PALM HARBOR FL 34684

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3651371**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NAILOS, RUBY J**  
**36177 U.S. HWY. 19 N.**  
**PALM HARBOR FL 34684**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 ☐ Delete  
 NAME **PD**  
 STREET ADDRESS **NAILOS, RUBY J**  
 CITY-ST-ZIP **1890 WHISPERING WAY**  
**TARPON SPRINGS FL 34689**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **VD**  
 STREET ADDRESS **NAILOS, NORMAN**  
 CITY-ST-ZIP **P.O. BOX 675**  
**OZONA FL 34660**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

**RSI NAILOS, RUBY J**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**9-4-02 727786 4345**

CR2E034 (4/02)

*Attachment*

*# P00000000655*

September 4, 2002

Florida Department of State  
Division of Corporations

On April 20, 2002, I mailed my 2002 Uniform Business Report with ck #4330 in the amount of \$150.00. To date, the check has not cleared my checking account, and I have received a late notice for \$550.00.

I am enclosing a new check in the amount of \$150.00. I hope you will consider this a timely payment and eliminate the late payment penalty.

I sincerely appreciate your consideration. You may contact me at 727-786-4345 if necessary.

Thank you,