

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000072652

FILED
Apr 19, 2003
Secretary of State

Entity Name: WATSON FINANCIAL INC.

Current Principal Place of Business:

1000 PONCE DE LEON BLVD.
SUITE 211
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

1000 PONCE DE LEON BLVD.
SUITE 211
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: 65-1137597 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATSON, KENNETH R
8000 SW 96TH STREET
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WATSON, KENNETH
Address: 1000 PONCE DE LEON BLVD., SUITE 211
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: WATSON, LUCY C
Address: 1000 PONCE DE LEON BLVD., SUITE 211
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUCY C. WATSON

D

04/19/2003

Electronic Signature of Signing Officer or Director

_____ Date