

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91103 022 ***150.00

DOCUMENT # P00000108597

1. Entity Name
FIRST WATCH PROPERTY MANAGEMENT GROUP, INC.

Principal Place of Business Mailing Address

1605 CRYSTAL VIEW TRAIL 1605 CRYSTAL VIEW TRAIL
 LAKELAND FL 33813 LAKELAND FL 33813

2. Principal Place of Business 3. Mailing Address

Letel Memorial Hwy *Letel Memorial Hwy*
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 1507 *Suite 1507*

City & State City & State
Tampa FL *Tampa FL*

Zip County Zip County
33615 *Hillsborough* *33615* *Hills*



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MORILAK, KENNETH ESQ.
4805 W LAUREL ST STE 230
TAMPA FL 33607

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 *NA* DATE *4/25/01*

Signature, typed 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 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	PDC CHAVIS, BRYAN M 1605 CRYSTAL VIEW TRAIL LAKELAND FL 33813	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC Bryan M. Chavis Letel Memorial Hwy #1507 Tampa FL 33615
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President William Cortese Letel Memorial Hwy, #1507 Tampa, FL 33615
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 I am empowered.

SIGNATURE: *Bryan M. Chavis* DATE *4/25/01*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)