

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2002 8:00 am
Secretary of State

05-12-2002 90538 032 ***150.00

DOCUMENT # P00000108597
 1. Entity Name
FIRST WATCH PROPERTY MANAGEMENT GROUP, INC.

| | |
|---|---|
| Principal Place of Business 6161 MEMORIAL HWY SUITE 1507 TAMPA FL 33615 US | Mailing Address 6161 MEMORIAL HWY SUITE 1507 TAMPA FL 33615 US |
|---|---|

| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

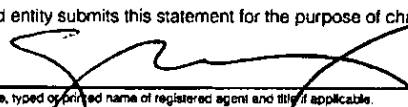
| | | | |
|--------------|--------------|------------------------------------|---|
| City & State | City & State | 4. FEI Number 59-3187256 | APPLIED FOR <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| Zip | Country | Zip | Country |



DO NOT WRITE IN THIS SPACE

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: **Steven P. Biley, Esq.**
 Street Address (P.O. Box Number is Not Acceptable):
4805 W. Laurel St #230
 City: **Tampa** FL Zip Code: **33607**

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:  DATE: **4/23/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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**

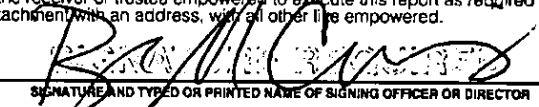
11. OFFICERS AND DIRECTORS

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PDC CHAVIS, BRYAN M 6161 MEMORIAL HWY, SUITE 1507 TAMPA FL 33615 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP CORTESE, WILLIAM 6161 MEMORIAL HWY, SUITE 1507 TAMPA FL 33615 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Vice-President Melaney N. Chavis 6161 Memorial Hwy #1507 Tampa, FL 33615 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 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"/> 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)(l), 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 filers empowered.

SIGNATURE:  DATE: **4/23/02** 813-885-7857
Signature and typed or printed name of signing officer or director. Date Daytime Phone #

CR2E034 (9/01)