

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90718 013 \*\*\*150.00

**DOCUMENT # P0000108597**  
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  
*6161 Memorial Hwy  
Suite, Apt. #, etc. #2311  
City & State Tampa FL*

3. Mailing Address  
*6161 Memorial Hwy  
Suite, Apt. #, etc. #2311  
City & State Tampa FL*

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3687256** Applied For   
Not Applicable

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

6. Name and Address of Current Registered Agent  
**RILEY, STEVEN P  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE <b>PDC</b>	<input type="checkbox"/> Delete
NAME <b>CHAVIS, BRYAN M</b>	
STREET ADDRESS <b>6161 MEMORIAL HWY, SUITE 1507 2311</b>	
CITY-ST-ZIP <b>TAMPA FL 33615</b>	
TITLE <b>VP</b>	<input type="checkbox"/> Delete
NAME <b>CHAVIS, MELANEY N</b>	
STREET ADDRESS <b>6161 MEMORIAL TRAY 1507 Memorial Hwy #2311</b>	
CITY-ST-ZIP <b>TAMPA FL 33615</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *[Signature]* **4/3/03**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)