

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

142

DOCUMENT # P00000114416

1. Entity Name

WATSON COMPANION CARE, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JAN 26 AM 8:32

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
1118 Richview Road

3. Mailing Address  
same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**REINSTATEMENT** 02-05

City & State  
Tallahassee, FL

City & State

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip  
32301

Country  
United States

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name SPIEGEL & UTRERA, P.A.

Street Address (P.O. Box Number is Not Acceptable)

1840 Coral Way, 4th Floor

City Miami

FL

Zip Code  
33145

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 obligation of registered agent.

SIGNATURE

Signature, typed or printed in the of registered agent and file if applicable.

Natalia Utrera, Vice President

(NOTE: Registered Agent signature required when reinstating)

DATE

1/25/05

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD Steven A. Watson 1118 Richview Road Tallahassee, FL 32301	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700045965277 02/03/05--01010--025 **\$600.00
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Steven A. Watson*

Steven A. Watson, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2 of 2

**AFFIDAVIT IN SUPPORT OF REQUEST TO  
WAIVE THE FLORIDA DEPARTMENT OF STATE  
CORPORATE REINSTATEMENT FEES**

STATE OF FLORIDA       )  
                                      )  
COUNTY OF LEON    )

1. Steven A. Watson is the President of WATSON COMPANION CARE, INC., a Florida corporation, (hereinafter "Corporation").
2. That the Corporation was administratively dissolved by the Florida Department of State on 4 October 2002.
3. That the Corporation failed to file its 2002, 2003, 2004, 2005 Annual Report or pay the 2002, 2003, 2004, 2005 Annual Report filing fee within the time prescribed by Florida Statutes Chapter 607 because:
  - 3.1 the written notice and requirements for filing the Annual Report and pay the Annual Report fee to the Florida Department of State was never received by the Corporation; and,
  - 3.2 the written notice was never received by the Corporation or its Registered Agent that the Florida Department of State was commencing a procedure to administratively dissolve the Corporation.
4. The Corporation requests the Florida Department of State reinstate the Corporation upon the payment by the Corporation of its 2002, 2003, 2004, 2005 Annual Report fees and the filing of its 2002, 2003, 2004, 2005 Annual Reports, which are presented simultaneously with this Affidavit.
5. WATSON COMPANION CARE, INC. satisfies the requirements of the Florida Statutes 607.0401.
6. No further ground or grounds exist for the administrative dissolution of the Corporation.

Dated: 20<sup>th</sup> day of January, 2005

**FURTHER, AFFIANT SAYETH NOT**

WATSON COMPANION CARE, INC.

By: *Steven A. Watson*  
Steven A. Watson, President

**SWORN AND SUBSCRIBED**

before me this 20 day of January, 2005



*Sandra A. Grabow*  
Notary Public, State of Florida at Large  
Printed Name: *Sandra A. Grabow*  
Commission Expires: \_\_\_\_\_