FILED

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)				May 05, 2003 8:00 am Secretary of State		
DOCUMENT # P0100022060 1. Entity Name WATSON LUMBER CO., INC.				05-05-2003 91806 048 ***150.00		
Principal Place of Business 1830 NW 21ST ST. OCALA FL 34471		Mailing Address 1830 NW 21ST ST. OCALA FL 3447				
Principal Place of Business 3. Mailing Address				T TO BELLEVI THE		
Suite, Apt. #, etc. Suite, Apt. #, etc		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State City & State		City & State		4. FEI Number		
Zip	Country	Zip 34475	Country	5. Certificate of Status Desired S8.75 Additional Fee Regulred		
	6. Name and Address of Curre			7. Name and Address of New Registered Agent		
The state of the s			Name	Name		
WATSON, ERNEST A JR 12 HEMLOCK DR			Street Address	s (P.O. Box Number is Not Acceptable)		
OCALA FL 34472			City	Zip Code		
	named entity submits this statemen tions of registered agent.	t for the purpose of changing it	s registered affice or regist	ered agent, or both, in the State of Florida. I am familiar with, and accept		
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NO	TE: Registered Agent signature requi	red when reinstating) DATE		
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 \$5.00 May Be Trust Fund Contribution. Added to Fees		
10.	OFFICERS AN	ND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT WATSON, ERNEST A JR. 1830 NW 21ST ST. OCALA FL 34471	T Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS WATSON, JEFFREY J 1830 NW 21ST ST. OCALA FL 34471	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition		
NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE - NAME STREET ADDRESS CITY-ST-ZIP	Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	# <u>,</u> *	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		

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. Ernest A. Watson, Jr.

SIGNATURE: _