

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

2/21

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90202 008 \*\*\*150.00

**DOCUMENT # P01000063108**

1. Entity Name  
**WATCH SOFTSERVICE INC.**



Principal Place of Business  
**1111 KANE CONCOURSE STE 500  
BAY HARBOR ISLAND FL 33154**

Mailing Address  
**1111 KANE CONCOURSE STE 500  
BAY HARBOR ISLAND FL 33154**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **APPLIED FOR**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8-75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BERNHARD, JEAN  
1111 KANE CONCOURSE STE 500  
BAY HARBOR ISLAND FL 33154**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required 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  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME **PD BERNHARD, JEAN** ☐ Delete  
STREET ADDRESS **9501 E BAY HARBOR DR APT 2B**  
CITY-STATE-ZIP **BAY HARBOR ISLAND FL 33154**

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
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TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-STATE-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: X SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

Po1000063108

SS-4

Form  
(Rev. December 2001)Department of the Treasury  
Internal Revenue ServiceAttachment # PO1000063108  
Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

See separate instructions for each line. Keep a copy for your records.

75/3105220  
EIN

OMB No. 1545-0003

1 Legal name of entity (or individual) for whom the EIN is being requested

WATCH SOFTSERVICE INC.

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name

4a Mailing address (room, apt., suite no. and street, or P.O. box)

1111 KANE CONCOURSE, SUITE 500

5a Street address (if different) (Do not enter a P.O. box.)

4b City, state, and ZIP code

BAY HARBOR ISLAND, FL 33154

5b City, state, and ZIP code

6 County and state where principal business is located

DADE, FLORIDA

7a Name of principal officer, general partner, grantor, owner, or trustor

JEAN BERNHARD, PRESIDENT

7b SSN, ITIN, or EIN

SSN: 356-58-5065

8a Type of entity (check only one box)

☐ Sole proprietor (SSN)☐ Partnership☒ Corporation (enter form number to be filed) 1120☐ Personal service corp.☐ Church or church-controlled organization☐ Other nonprofit organization (specify)☐ Other (specify)☐ Estate (SSN of decedent)☐ Plan administrator (SSN)☐ Trust (SSN of grantor)☐ National Guard☐ Farmers' cooperative☐ REMIC

Group Exemption Number (GEN)

☐ State/local government☐ Federal government/military☐ Indian tribal governments/enterprises8b If a corporation, name the state or foreign country  
(if applicable) where incorporatedState  
FLORIDA

Foreign country

9 Reason for applying (check only one box)

☒ Started new business (specify type)

WATCH REPAIR SERVICE

☐ Hired employees (Check the box and see line 12.)☐ Compliance with IRS withholding regulations☐ Other (specify)☐ Banking purpose (specify purpose)☐ Changed type of organization (specify new type)☐ Purchased going business☐ Created a trust (specify type)☐ Created a pension plan (specify type)

10 Date business started or acquired (month, day, year)

4/1/2003

11 Closing month of accounting year

DECEMBER

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) N/A

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "-0-."

Agricultural

0

Household

0

Other

N/A

14 Check one box that best describes the principal activity of your business.

☐ Construction☐ Rental & leasing☐ Transportation & warehousing☐ Real estate☐ Manufacturing☐ Finance & insurance☐ Health care & social assistance☐ Accommodation & food service☒ Other (specify)☐ Wholesale - agent/broker☐ Wholesale - other☐ Retail

WATCH REPAIR SERVICE

SOFTWARE

15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.

WATCH REPAIR SERVICES SOFTWARE

16a Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☒ No

Note: If "Yes," please complete lines 16b and 16c.

16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.

Legal name

Trade name

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year)

City and state where filed

Previous EIN

Third  
Party

Designee

Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

Designee's name

Designee's telephone number (include area code)

Address and ZIP code

Designee's fax number (include area code)

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) JEAN BERNHARD, PRESIDENT

Applicant's telephone number (include area code)  
(305) 933-9515

Signature

Date 3/10/2003

Applicant's fax number (include area code)  
(305) 933-1340

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

(HTA)

Form SS-4 (Rev. 12-2001)