

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

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90241 045 ***150.00

DOCUMENT # **P01-000077555 L**
1. Entity Name
WATSON ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1295 LOVETT RD. Suite, Apt. #, etc.	3. Mailing Address 1295 LOVETT RD. Suite, Apt. #, etc.
City & State ORANGE PARK, FL Zip 32065 Country USA	City & State ORANGE PARK, FL Zip 32065 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3731740	Applied For Not Applicable
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
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.

SIGNATURE

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

(NOTE: Registered Agent signature required when resigning)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	PRESIDENT / TREASURER CARY C. WATSON 1295 LOVETT RD. ORANGE PARK, FL 32065	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE-PRESIDENT / SECRETARY PAMELA M. WATSON 1295 LOVETT RD. ORANGE PARK, FL 32065	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Cary C. Watson **CARY C. WATSON** **5/1/02** **904-813-4717**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #

CR2E034B (12/01)