

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

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90052 010 ***150.00

DOCUMENT # P01000109174

1. Entity Name

WATCO SERVICES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2637 FEROL LANE
Suite, Apt. #, etc.

3. Mailing Address
2637 FEROL LANE
Suite, Apt. #, etc.

City & State
LYNN HAVEN, FL

City & State
LYNN HAVEN, FL

Zip 32444
Country USA

Zip 32444
Country USA

4. FEI Number
59-3535445

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
H. JOE WATSON
Street Address (P.O. Box Number is Not Acceptable)
2637 FEROL LANE

City LYNN HAVEN **FL** **Zip Code** 32444

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

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 ☐ **\$5.00 May Be**
Trust Fund Contribution: ☐ **Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE P
NAME H. JOE WATSON
STREET ADDRESS 2637 FEROL LANE
CITY - ST - ZIP LYNN HAVEN, FL 32444

TITLE S
NAME SANDRA F. WATSON
STREET ADDRESS 2637 FEROL LANE
CITY - ST - ZIP LYNN HAVEN, FL 32444

TITLE V
NAME MATTHEW M. WATSON
STREET ADDRESS 2637 FEROL LANE
CITY - ST - ZIP LYNN HAVEN, FL 32444

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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: *H. Joe Watson* **H. JOE WATSON**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-2002 850-265-8232
Date **Daytime Phone #**