

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2002 8:00 am
Secretary of State

001987 AT

DOCUMENT # P01000119729

1. Entity Name
AMERICAN WATCH AND ACCESSORIES CO.

03-31-2002 90366 038 ***150.00

Principal Place of Business
4512 PRESTON WOODS DR
VALRICO FL 33594
1343 OAKFIELD DR
BRANDON, FLA. 33511
Mailing Address
4512 PRESTON WOODS DR
VALRICO FL 33594
1343 OAKFIELD DR.
BRANDON, FLA. 33511



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1343 OAKFIELD DR.
Suite, Apt. #, etc.
3. Mailing Address
SAME
Suite, Apt. #, etc.

City & State
BRANDON, FLA.
City & State

4. FEI Number
60-0001343
Applied For
Not Applicable

Zip
33511
Country
USA
Zip
Country

5. Certificate of Status Desired
\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GARDNER, JOHN W
128 W ROBERTSON ST
BRANDON FL 33511

7. Name and Address of New 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 reinstating) DATE

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes entries for ORTEL, MICHAEL and GOLDFARB, LANA.

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes checkboxes for Change and Addition.

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael P. Oertel MICHAEL P. OERTEL 3/30/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)