

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 03, 2003 8:00 am**  
**Secretary of State**

04-29-2003 90066 035 \*\*\*150.00

DOCUMENT # P02000000941

1. Entity Name  
WATSON & COMPANY GOVERNMENT RELATIONS, INC.



Principal Place of Business  
1712 FIRST STREET SOUTH  
JACKSONVILLE BEACH FL 32250

Mailing Address  
1712 FIRST STREET SOUTH  
JACKSONVILLE BEACH FL 32250

55045996



2. Principal Place of Business  
1512 First Street South  
Suite, Apt. #, etc.

3. Mailing Address  
1512 First Street South  
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
Jacksonville Beach, FL  
Zip  
32250  
Country  
Duval

City & State  
Jacksonville Beach, FL  
Zip  
32250  
Country  
Duval

4. FEI Number  
26-0002582  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
CORPORATE CREATIONS NETWORK INC.  
941 FOURTH STREET #200  
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent  
Name  
Henrietta E. Watson  
Street Address (P.O. Box Number is Not Acceptable)  
1512 First St. S.  
City Jacksonville Beach FL Zip Code 32250

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 Henrietta E. Watson DATE 2/15/03  
(NOTE: Registered Agent signature required when reinstating)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATSON, HUBERT W 1712 FIRST STREET NORTH JACKSONVILLE BEACH FL 32250 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONTARINO, RANAE 1712 FIRST STREET NORTH JACKSONVILLE BEACH FL 32250 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President 1512 First Street South <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Henrietta E. Watson 1512 First Street South Jacksonville Beach, FL 32250 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director William E. Watson 4018 Portsmouth Rd Largo, FL 33171 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Henrietta E. Watson

5/31/03

Date

904-237-2037

Daytime Phone #

CP2E034 (10/02)