

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90198 028 ***150.00

0007531 AV

DOCUMENT # P02000003042

1. Entity Name
M. WATTS CONSULTING, INC.



Principal Place of Business *Mailing*
200 MIMOSA DRIVE P.O. BOX 143
PALATKA FL 32177 ELKTON, FL 32033

Mailing Address
403 ANASTASIA BLVD
SUITE 1
ST. AUGUSTINE FL 32080

11033273



2. Principal Place of Business *911 address*
87080 OLD ST. RD 207
Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 143
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
ELKTON FLORIDA
Zip
32033 **Country**
USA

City & State
ELKTON, FLORIDA
Zip
32033 **Country**
USA

4. FEI Number
27-0013826 **Applied For**
Not Applicable

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

6. Name and Address of Current Registered Agent
PLATT, BENJAMIN L
403 ANASTASIA BLVD
SUITE 1
ST. AUGUSTINE FL 32080

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
1200 PLANTATION ISLAND DR.
SUITE, 230
City
ST. AUGUSTINE **FL** **Zip Code**
32080

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]*
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

TITLE P NAME WATTS, MARY A STREET ADDRESS 200 MIMOSA DRIVE CITY-ST-ZIP PALATKA FL 32177 ELKTON, FL 32033	<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
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 P NAME WATTS, MARY A STREET ADDRESS 7080 OLD STATED RD 207, PO BOX 143 CITY-ST-ZIP ELKTON, FL 32033	<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	<input 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

*MARY,
SEND CHECK FOR
\$150 WITH THIS REPT.
PAYABLE TO FLORIDA
DIVISION OF CORPORATIONS.
BEN*

12. I hereby certify that the information supplied with this filing does not qualify for the exemption indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as the signature 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **Daytime Phone #**

CR2E034 (10/02)