

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90215 020 ***150.00

DOCUMENT # P02000064746

1. Entity Name
ASBURY & WATSON, P.A.



Principal Place of Business
**214 N. CLAY STREET
JACKSONVILLE FL 32202**

Mailing Address
**214 N. CLAY STREET
JACKSONVILLE FL 32202**

2. Principal Place of Business
**6440 Southpoint Parkway
Suite 180**

3. Mailing Address
**6440 Southpoint Parkway
Suite 180**

City & State
Jacksonville, FL

City & State
Jacksonville, FL

Zip Country
32216 U.S.A.

Zip Country
32216 U.S.A.

4. FEI Number
01-0711266

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WATSON, JAY B
214 N. CLAY STREET
JACKSONVILLE FL 32202**

7. Name and Address of New Registered Agent

Name **Watson, Jay B.**
Street Address (P.O. Box Number is Not Acceptable)
6440 Southpoint Parkway, Suite 180
City **Jacksonville** FL Zip Code **32216**

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

Jay B. Watson, Shareholder 1-29-03

(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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	Shareholder			
	Thomas F. Asbury	3655 Leewood Lane	Jacksonville, FL 32217	
	Jay B. Watson			
	Shareholder	1020 Cherry St.	Jacksonville, FL 32205	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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:

Thomas F. Asbury
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.29.03 (904) 338.9700
Date Daytime Phone #

CR2F034 (11/02)