

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

02-13-2003 90270 025 ***193.75

DOCUMENT # P02000108005

1. Entity Name

CHRIS WATSON MASONRY CO.



Principal Place of Business

142 KIRBY PL
PT ORANGE FL 32127

Mailing Address

142 KIRBY PL
PT ORANGE FL 32127

2. Principal Place of Business

148 KIRBY PL

Suite, Apt. #, etc.

PORT ORANGE

City & State

FL

Zip

32137

Country

USA

3. Mailing Address

148 KIRBY PL

Suite, Apt. #, etc.

PORT ORANGE

City & State

FL

Zip

32137

Country

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

500005516

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WATSON, CHRIS

142 KIRBY PL

PT ORANGE FL 32127

7. Name and Address of New Registered Agent

Name

MICHELLE WATSON

Street Address (P.O. Box Number is Not Acceptable)

148 KIRBY PLACE

PORT ORANGE FL 32137-5115

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Michelle Watson

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 ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
WATSON, CHRIS
142 KIRBY PL
PT ORANGE FL 32127

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
GODLING, KENT
148 KIRBY PL
PT ORANGE FL 32127

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
~~WATSON, CHRIS~~
~~142 KIRBY PL~~
~~PT ORANGE FL 32127~~

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP
VP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP
P/S/T
MICHELLE WATSON
148 KIRBY PLACE
PORT ORANGE, FL 32137-5115

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Michelle Watson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/03 386-788-7301

Date

Daytime Phone #

CR2E034 (10/02)