

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000134922

1. Entity Name
WATSON AND SQAIRE SERVICES, INC.



03 SEP 11 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1205 W 8TH ST
JACKSONVILLE FL 32209

Mailing Address
1205 W 8TH ST
JACKSONVILLE FL 32209

2. Principal Place of Business
1205 W 8th Street
Suite, Apt. #, etc.

3. Mailing Address
1205 W. 8th Street
Suite, Apt. #, etc.

City & State
Jacksonville, Florida
Zip 32209 Country

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Jacksonville, Florida
Zip 32209 Country

4. FEI Number
32-0045730

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

GADSDEN, ANITA
9856 WHITFIELD CT
JACKSONVILLE FL 32221

7. Name and Address of New Registered Agent

Name
Willie C. Squire, Sr.
Street Address (P.O. Box Number is Not Acceptable)
1205 W. 8th Street
City Jacksonville FL Zip Code 32209

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 Willie C. Squire Sr. DATE Aug. 30, 2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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	PCEO WATSON, SHERRON L 1205 W 8TH ST JACKSONVILLE FL 32209	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SQAIRE, WILLIE C SR 1205 W 8TH ST JACKSONVILLE FL 32209	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SQAIRE, WILLIE C III 1205 W 8TH ST JACKSONVILLE FL 32209	<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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Sherron L. Watson* President Aug. 30, 2003 (904) 598-2436
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/03)