

P04000126035

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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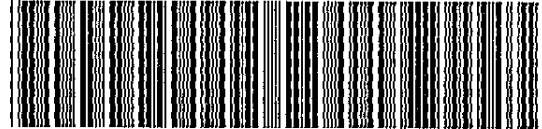
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

10-17  
NA/ea

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: WATSON OF TAMPA, INC.  
(Name of Corporation)

DOCUMENT NUMBER: P04000126035

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOHN WATSON  
(Name of Contact Person)

WATSON OF TAMPA INC.  
(Firm/Company)

3131 BLOUNT RD.  
(Address)

DOVER, FL 33527  
(City/State and Zip Code)

For further information concerning this matter, please call:

JOHN WATSON at ( 813 ) 653-9976  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

October 5, 2005

WATSON OF TAMPA, INC.  
% JOHN WATSON  
3131 BLOUNT ROAD  
DOVER, FL 33527

SUBJECT: WATSON OF TAMPA, INC.  
Ref. Number: P04000126035

We have received your document for WATSON OF TAMPA, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must have original signatures.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6908.

Anna Chesnut  
Document Specialist

Letter Number: 705A00060397

RECEIVED  
05 OCT 13 AM 8:00  
DIVISION OF CORPORATIONS

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: WATSON OF TAMPA, INC.
2. The principal office address: 4605 EASTWIND DR. PLANT CITY, FL. 33566
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 08/30/2004 Document number: P04000126035

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

JOHN WATSON

4605 EASTWIND DR.

PLANT CITY, FL. 33566

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

JOHN WATSON

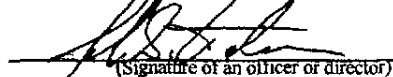
3131 BLOUNT RD.

(P.O. Box NOT acceptable)

DOVER, FL. 33527

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
(Signature of an officer or director)

JOHN S. WATSON PD

(Printed or typed name and title)

*I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

\_\_\_\_\_  
(Signature of Registered Agent)

\_\_\_\_\_  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

**\*\*\* FILING FEE: \$35.00 \*\*\***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (8/05)

**FILED**  
05 OCT 13 AM 9:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA