

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90292 040 ***150.00

DOCUMENT # P94000000747

1. Entity Name

FRANKLIN M. WATSON, II, D.D.S., P.A.



Principal Place of Business

STUDIO PLAZA BLDG.
5979 VINELAND RD., SUITE 205
ORLANDO FL 32819

Mailing Address

STUDIO PLAZA BLDG.
5979 VINELAND RD., SUITE 205
ORLANDO FL 32819

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3217001

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

WATSON, FRANKLIN M II
STUDIO PLAZA BLDG.
5979 VINELAND RD., SUITE 205
ORLANDO FL 32819

7. Name and Address of New Registered Agent

Name

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

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

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

☐ Delete

TITLE P
NAME WATSON, FRANKLIN M II
STREET ADDRESS 5979 VINELAND ROAD, SUITE 205
CITY-ST-ZIP ORLANDO FL

TITLE S
NAME WATSON, REBECCA L
STREET ADDRESS 5979 VINELAND ROAD, SUITE 205
CITY-ST-ZIP ORLANDO FL

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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:

Signature of Franklin M. Watson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-11-03 (407) 351-3213

CR2E034 (10/02)