

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90071 031 ***150.00

DOCUMENT # P94000056713

1. Entity Name
WATSON MORTGAGE CORP.



Principal Place of Business
**4540 SOUTHSIDE BLVD
SUITE 7
JACKSONVILLE FL 32216**

Mailing Address
**4540 SOUTHSIDE BLVD
SUITE 7
JACKSONVILLE FL 32216**

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 **59-3256287**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WATSON, WILLIAM A JR
11226-1 SAN JOSE BLVD.
JACKSONVILLE FL 32223**

Name
WATSON, WILLIAM A JR

Street Address (P.O. Box Number is Not Acceptable)
7821 Deercreek Club Road, #200

City
Jacksonville

FL Zip Code
32256

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 *William A Watson President* 1-6-2003
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
WATSON, WILLIAM A JR.
7821 DEERCREEK CLUB ROAD, #101--
JACKSONVILLE FL 32256** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
WATSON, WILLIAM A JR
7821 DEERCREEK ROAD, # 200
JACKSONVILLE, FL 32256** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EVPD
WALKER, VICKY A
8849-OLDS-KINGS ROAD, 54-E--
JACKSONVILLE FL 32257** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EVPD
WALKER, VICKY A
7632 LAS PALMAS WAY
JACKSONVILLE, FL 32256** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ 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: *William A Watson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-2003 904-596-5960
Date Daytime Phone #

CR2E034 (10/02)