

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P94000067002**

1. Entity Name
ZEB WATTS ENTERPRISES, INC.
1293 Beverly Street
Ft. Walton Beach, FL 32547

FILED

02 MAY 2002 PM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1293 Beverly Street
Suite, Apt. #, etc.

3. Mailing Address
1293 Beverly Street
Suite, Apt. #, etc.

City & State
Ft. Walton Beach, FL

City & State
Ft. Walton beach, FL

4. FEI Number
59-3265131

Applied For
Not Applicable

Zip Country
32547 OKALOOSA

Zip Country
32547 USA

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

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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **ZEB WATTS**

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

1293 Beverly Street

City **Ft. Walton Beach** **FL** Zip Code **32547**

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.

SIGNATURE **N/A**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P,V,T,S,C
ZEB L. WATTS
1293 Beverly Street
Ft. Walton Beach, FL 32547

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200005729282--1
-06/10/02-01082-001
******150.00 ****150.00**

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CR2E034B (12/01)

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: **506477**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(850)244-9110