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May 05, 2003 8:00 am
Secretary of State
05-05-2003 91769 015 ***150.00

"2003"

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000025320

1. Entity Name
JOHN R. WATSON ENTERPRISES, INC.

90128686

2. Principal Place of Business	3. Mailing Address
14016 LAKE TILDEN BLVD.	14016 LAKE TILDEN BLVD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WINTER GARDEN, FL	City & State: WINTER GARDEN, FL
Zip: 34787 Country: USA	Zip: 34787 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3371158 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: WATSON, JOHN R.
Street Address (P.O. Box Number is Not Acceptable): 14016 LAKE TILDEN BLVD.
City: WINTER GARDEN FL Zip Code: 34787

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 _____ DATE
Signature, typed or printed of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME WATSON, JOHN R.
STREET ADDRESS 14016 LAKE TILDEN BLVD.
CITY-ST-ZIP WINTER GARDEN, FL 34787

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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ May 1, 03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2W1140 2.000