

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90198 044 \*\*\*150.00

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DOCUMENT # **P96000077477**

1. Entity Name  
**HUGH A. WATKINS, D.C., P.A.**



Principal Place of Business  
**2665 CLEVELAND AVE.  
105  
FT MYERS FL 33901  
US**

Mailing Address  
**2665 CLEVELAND AVE.  
105  
FT MYERS FL 33901  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0697508**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**WATKINS HUGH, A  
2665 CLEVELAND AVE # 105  
FT MYERS FL 33901**

Name **Dr. G. Scott Breitzig**  
Street Address (P.O. Box Number is Not Acceptable)  
**2665 Cleveland Ave  
Suite # 105**  
City **Ft. Myers** **FL** Zip Code **33901**

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 *Dr. G. Scott Breitzig* **Dr. G. Scott Breitzig** **4/9/03**  
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	Delete
<b>P</b>	<b>WATKINS, HUGH A</b>	<b>2665 CLEVELAND AVE # 105</b>	<b>FT MYERS FL 33901</b>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
<b>P</b>	<b>Breitzig, Scott</b>	<b>2665 Cleveland Ave #105</b>	<b>Ft. Myers, FL. 33901</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Dr. G. Scott Breitzig* **Dr. G. Scott Breitzig** **4/9/03** **(239)332-5523**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)