FILED Jul 05, 2001 8:00 am

2001 UNIFORM BUSINESS REPORT (UBR)

Secretary of State DOCUMENT # P97000019427 06-20-2001 90125 014 ***150.00 WATKINS LAND DEVELOPMENT, INC. 07-05-2001 90004 027 ***400.00 Principal Place of Business Mailing Address 4225 ULMAN AVENUE 4225 ULMAN AVENUE NORTH PORT FL 34288 NORTH PORT FL 34286 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3441231 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WATKINS, KENT S Street Address (P.O. Box Number is Not Acceptable) 4225 ULMAN AVENUE NORTH PORT FL 34286 Zip Code City 8. The abox named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature, typed or printed name of registered agent and title if applicable 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Jund Contribution. (See criteria on back) HONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE WATKINS, KENT NAME NAME 4225 ULMAN AVE STREET ADDRESS STREET ADDRESS N PORT FL 34288 CITY-S1-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete WATKINS, JANET M NAME NAME 4225 ULMAN AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NORTH PORT FL 34288 Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP Addition Delete THILE DILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-S7-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 Block 12 if changed, or on an attachmeny with an address, with all other like empowered.

SIGNATURE:

HE KEAT WATKE

6-18-01 941-

941-426-868

Daysime Phone #

Out Out ment Doc # P97000019407 A0075773

WATKINS LAND DEVELOPMENT, INC

PO BOX 7558 NORTH PORT, FL 34287-0558

PHOŅE (941) 426-8688 - FAX (941) 426-5324



JUNE 18, 2001

DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
P.O. BOX 1500
TALLAHASSEE, FL. 32302-1500

RE: 2001 UNIFORM BUSINESS REPORT DOCUMENT #P97000019427 FEI NUMBER - 59-3441231

DEAR SIRS.

ENCLOSED IS THE 2001 UNIFORM BUSINESS REPORT AND OUR CHECK FOR \$150.00 WHICH WAS DUE BY MAY 1, 2001.

WE HAD AN EMPLOYEE WHO TERMINATED EMPLOYMENT WITH US ON JUNE 13, 2001. WHEN CLEANING OUT HIS DESK AFTER HE LEFT, WE FOUND THAT THIS RENEWAL HAD NOT BEEN TAKEN CARE OF PROMPTLY.

WE CALLED YOUR OFFICE IMMEDIATELY AND THE GENTLEMAN ON THE PHONE SUGGESTED THAT WE MAIL IN OUR PAYMENT OF \$150.00 ALONG WITH A LETTER EXPLAINING OUR SITUATION. WE ARE ASKING YOU TO PLEASE WAIVE THE PENALTY. IF THIS IS NOT POSSIBLE PLEASE NOTIFY US. THANK YOU FOR YOUR CONSIDERATION.

SINCERELY,

KENT WATKINS

affachment boct



P97000019487

FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

June 21, 2001

WATKINS LAND DEVELOPMENT, INC. 4225 ULMAN AVENUE NORTH PORT, FL 34286

Subject: WATKINS LAND DEVELOPMENT, INC.

Reference

P97000019427

Number:

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$400.00.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/SG

ANNUAL REPORTS SECTION