

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000054077

1. Entity Name

LAW OFFICES OF MARSHALL C. WATSON, P.A.

FILED
Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90014 001 ***158.75

Principal Place of Business

Mailing Address

5400 NW 21ST. TERRACE
FT. LAUDERDALE FL 33308

5400 NW 21ST. TERRACE
FT. LAUDERDALE FL 33309-2719

2. Principal Place of Business

1800 NW 49 STREET

Suite, Apt. #, etc.

Ste 105

3. Mailing Address

1800 NW 49 STREET

Suite, Apt. #, etc.

Ste 105

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

Zip

33309

Country

USA

Zip

33309

Country

USA

4. FEI Number

65-0769880

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, MARSHALL C

5400 NW 21 TERRACE
FT LAUDERDALE FL 33208

Name

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

1800 NW 49 St., Ste 105

City

Ft. Lauderdale

FL

Zip Code

33309

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

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☐ Delete
NAME WATSON, MARSHALL C
STREET ADDRESS 5400 NW 21 TERRACE
CITY-ST-ZIP FT. LAUDERDALE FL 33309

TITLE Director/President ☒ Change ☐ Addition
NAME Watson, Marshall C.
STREET ADDRESS 1800 NW 49 STREET, Suite 105
CITY-ST-ZIP Ft. Lauderdale, FL 33309

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

marshall c. watson
Pres./Director

Date

2/15/00

Daytime Phone #

954 -

771-5522

CR2E034 (9/99)