

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000054077

1. Entity Name

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

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90045 028 ***158.75

Principal Place of Business

1800 NW 49 ST
STE 105
FORT LAUDERDALE FL 33309

Mailing Address

1800 NW 49 ST
STE 105
FORT LAUDERDALE FL 33309

2. Principal Place of Business

1800 NW 49 STREET

3. Mailing Address

1800 NW 49 STREET

Suite, Apt. #, etc.

Suite 120

Suite, Apt. #, etc.

Suite 120

City & State

Ft lauderdate FL

City & State

Ft lauderdate, 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

WATSON, MARSHALL C
1800 NW 49 ST
STE 105 120
FORT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

marshall C. watson, Pres.

3/19/01

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, 2001 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
WATSON, MARSHALL C
1800 NW 49 ST SUITE 105 120
FT. LAUDERDALE FL 33309

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1800 NW 49 STREET, Suite 120
Ft lauderdate, FL 33309

☒ Change ☐ Addition
address suite #

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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.

Date

3/19/01

Daytime Phone #

954-

771 5522

CR2E034 (10/00)