* AMENDED

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000080104 03 MAY 16 PM 12: 27 1. Entity Name ROD WATSON CONSTRUCTION, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 221 DEGAN PL 221 DEGAN PL SEBASTIAN, FL 32958 SEBASTIAN, FL 32958 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State Applied For City & State 4. FEI Number 65-0779948 Not Applicable Country Ζiρ Country Zip \$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 Name WATSON, RODNEY R 221 DEGAN PL Street Address (P.O. Box Number is Not Acceptable) SEBASTIAN, FL 32958 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. OATE (NOTE: Registered Agent signature required when reinstating) FILE NOW! I 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 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE Addition CRZE034 (10/02) ☐ Delete WATSON, RODNEY R NAME NAME 221 DEGAN PL STREET ADDRESS STREET ADDRESS SEBASTIAN, FL 32958 CITY-ST-2P CITY-ST-ZIP VPD Delete **□** ×**I**oi tion TITLE TITLE ☐ Change WATSON, ERIC R. NAME NAMÉ 221 DEGAN PLACE STREET ADDRESS STREET ADDRESS CITY-ST-7(P SEBASTIAN, FL 32958 CITY-ST-2P Delete ~ 3000203228HA TITLE TITLE ☐ Addition NAME NAME 06/03/03--01007--014 **61.25 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Delete □ Change TITLE TOLE Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2P TITLE ☐ Delete ☐ Change TITLE Addition NAMÉ NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-2P CITY-ST-ZIP TITLE ☐ Delete TILLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2P CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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/exequite this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if RODNEY 05/08/03

WATSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

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