

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90215 011 \*\*\*150.00

**DOCUMENT # P97000094966**

1. Entity Name  
**WATSON CONSULTING INC.**



Principal Place of Business **242** Mailing Address  
**2121B CORPORATE SQUARE BLVD. SUITE 235**  
**JACKSONVILLE FL 32216**

**11013740**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**SAME**  
Suite, Apt. #, etc.  
**242**  
City & State  
**SAME**  
Zip  
**SAME**  
Country  
**SAME**

3. Mailing Address  
**SAME**  
Suite, Apt. #, etc.  
**242**  
City & State  
**SAME**  
Zip  
**SAME**  
Country  
**SAME**

4. FEI Number **59-3484066** 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, MAX R**  
**2121B CORPORATE SQUARE BLVD, SUITE 235**  
**JACKSONVILLE FL 32216**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Max R. Watson*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04-24-03  
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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PT	WATSON, MAX R	2121 B CORBRATE SQUARE BLVD STE 235	JACKSONVILLE FL 32216				
VPS	WATSON, LANNY	2121 B CORPORATE SQUARE BLVD	JACKSONVILLE FL 32216				

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:** *Max R. Watson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/24/03 904 724 1828  
Date Daytime Phone #

CR2E034 (10/02)