

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P98000014929**

1. Entity Name

**WATKINS & SON CONSTRUCTION, INC.**

Principal Place of Business

**649 LAKE JUNE RD.  
LAKE PLACID FL 33852**

Mailing Address

**649 LAKE JUNE RD.  
LAKE PLACID FL 33852**

2. Principal Place of Business

**649 Lake June Rd**

Suite, Apt. #, etc.

3. Mailing Address

**649 Lake June Rd**

Suite, Apt. #, etc.

City &amp; State

**Lake Placid Fla**

City &amp; State

**Lake Placid Fla**

4. FEI Number

**65-0822215**

Applied For

Not Applicable

Zip

**33852**

Country

**Highlands**

Zip

**33852**

Country

**Highland**5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**WATKINS, GARY  
649 LAKE JUNE RD.  
LAKE PLACID FL 33852**

7. Name and Address of New Registered Agent

Name **Gary Watkins**

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

**649 Lake June Rd**

City

**Lake Placid Fla**

FL

Zip Code

**33852**

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

**Gary D. Watkins****Pres.****4/1/01**

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, 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WATKINS, GARY</b>	
STREET ADDRESS	<b>649 LAKE JUNE RD.</b>	
CITY-ST-ZIP	<b>LAKE PLACID FL 33852</b>	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

**Gary D. Watkins** **Gary Watkins**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/1/01**

Date

**863-465-6171**

Daytime Phone #

**FILED**  
**Apr 05, 2001 8:00 am**  
**Secretary of State**

04-05-2001 90018 035 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

0380194

CR2E034 (10/00)