

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91747 030 ***150.00

DOCUMENT # **P9800000206008** ✓
1. Entity Name
WATSON CAPITAL MANAGEMENT, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
371 INTERSTATE BLVD
Suite, Apt. #, etc.

3. Mailing Address
PO Box 18686
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
SARASOTA, FL
Zip
34240 Country
USA

City & State
SARASOTA, FL
Zip
34276-1686 Country
USA

4. FEI Number
51 026 7457
Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
F. LAMAR WATSON
Street Address (P.O. Box Number is Not Acceptable)
4846 KESTRAL PARK CIRCLE
City
SARASOTA FL Zip Code
34231

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) ☒

January 1st - May 1st Fee is \$150.00
After May 1st Fee is \$550.00
Amended UBR is \$61.25
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	F. LAMAR WATSON, PRES. 4846 KESTRAL PARK Ci. SARASOTA, FL 34231	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **[Signature]**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date **5/19/01** (941) 371-0443
Daytime Phone # **x 18**

CR2E034B (12/01)