

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91299 037 ***150.00

DOCUMENT # P98000020608

1. Entity Name

~~WATSON CAPITAL MANAGEMENT, INC.~~

WATSON, GALLAY & ASSOCIATES, INC.

Principal Place of Business

~~321 INTERSTATE BLVD~~

~~SARASOTA FL 34240~~

6960 PROFESSIONAL PKWY EAST

SUITE 100 SARASOTA, FL 34240

Mailing Address

~~PO BOX 10000~~

~~SARASOTA FL 34270-1000~~

6960 PROFESSIONAL PKWY. E

SUITE 100

2. Principal Place of Business

6960 PROFESSIONAL PKWY E

Suite, Apt. #, etc.

SUITE 100

City & State

SARASOTA FL

Zip

34240

Country

USA

3. Mailing Address

6960 PROFESSIONAL PKWY. E

Suite, Apt. #, etc.

SUITE 100

City & State

SARASOTA, FL

Zip

34240

Country

USA

6. Name and Address of Current Registered Agent

WATSON, F. LAMAR CH.F.C.

4846 KESTRAL PARK CR

SARASOTA FL 34231

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

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WATSON, F L
4846 KESTRAL PARK CR
SARASOTA FL 34231

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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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 empowerments.

SIGNATURE:

F. LAMAR WATSON 4/23/03 (41) 687-245

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)