## **2002 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # P98000042257

FRANKLIN H. WATSON, P.A.

Principal Place of Business Mailing Address					,		
5365 E HWY 30-A. SUITE 105 SEAGROVE BEACH FL 32459		5365 E HWY 30-A. SUITE 105 SEAGROVE BEACH FL 32459		~	•		
						ATAN BENARANTA ENERE NAME	
2. Principal F	Place of Business	3. Mailing Address			<b> </b>		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State		City & State			4. FEI Number 59-351467	·2	Applied For Not Applicable
Zip	Country	Zip	Zip Country		5. Certificate of Status Desired		Additional
	6. Name and Address of Curren	t Registered Agent	<u> </u>		7. Name and Address of New		141100
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WATSON, FRANKLIN H							
5365 E. CTY HWY 30-A				Street Address (P.O. Box Number is Not Acceptable)			
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STE 105							
SEAGROVE BCH FL 32459				ty		FL Zip (	Code
8. The above	named entity submits this statement f	or the purpose of changing	its registered of	fice or registered	agent, or both, in the State of F	lorida.	
							}
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (N	IOTE: Registered Ager	t signature required wh	nen reinstating)	DATE	
A This					7		
	pration is eligible to satisfy its intangible requirement and elects to do so.		FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00		10. Election Campaign Fi	- <del>-</del> <del>-</del>	5.00 May Be
	ria on back)		Make Check Payable to Department of State		Trust Fund Contribution	on. $\square$ Ac	dded to Fees
11.	OFFICERS AND		12.		ADDITIONS/CHANGES TO OF	FICERS AND DIRECT	ORS IN 11
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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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP



4/6·02 Date

850.231. 3465

Apr 29, 2002 8:00 am Secretary of State 04-29-2002 90043 016 \*\*\*150.00

**FILED**