

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000049607

1. Entity Name

W. O. WATSON INC.

**FILED**  
**Jan 14, 2000 8:00 am**  
**Secretary of State**

01-14-2000 90030 009 \*\*\*158.75

Principal Place of Business

Mailing Address

1931 MAYO ST  
HOLLYWOOD FL 33020

PO BOX 223065  
HOLLYWOOD FL 33022-3065

2. Principal Place of Business

1931 MAYO ST

3. Mailing Address

P.O. BOX 223065

Suite, Apt. #, etc.

HOLLYWOOD

Suite, Apt. #, etc.

HOLLYWOOD FLA

City & State

FLA 33

City & State

33022 BOWARD

Zip

33020

Country

BROWARD

Zip

33022

Country

BROWARD

4. FEI Number

65-0901421

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WATSON, WINSTON ONEAL  
1931 MAYO ST  
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent

Name

1931 MAYO ST

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

HOLLYWOOD

City

FL

Zip Code

33020

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]*

PRESIDENT

1-5-00

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, 2000 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 P  
NAME WATSON, WINSTON  
STREET ADDRESS 1931 MAYO ST  
CITY-ST-ZIP HOLLYWOOD FL 33020

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

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:

*[Signature]* WINSTON WATSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-00

Date

305-905-2752

Daytime Phone #