

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90074 029 ***150.00

DOCUMENT # P98000049647

1. Entity Name

JOE WATSON, INC.

Principal Place of Business

**3616 CASEY KEY ROAD
NOKOMIS FL 34275**

Mailing Address

**3616 CASEY KEY ROAD
NOKOMIS FL 34275**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0842063

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****WATSON, MARJORIE J
3616 CASEY KEY ROAD
NOKOMIS FL 34275****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.

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) ☐**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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	<input type="checkbox"/> Delete
NAME	WATSON, MARJORIE	
STREET ADDRESS	3616 CAREY KEY	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURNETT, JOSEPH A CPA	
STREET ADDRESS	2430 CENTRAL PARKWAY	
CITY-ST-ZIP	CINCINNATI OH 45214	
TITLE	D	<input type="checkbox"/> Delete
NAME	WATSON, JOE	
STREET ADDRESS	3616 CASEY KEY	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
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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
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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:

Marjorie J. Watson - Pres. **1/25/02** **941-966-2879**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)