

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State
 05-01-2000 90056 018 ***158.75

DOCUMENT # P98000091479

1. Entity Name

D.M. WATSON CONSTRUCTION, INC.

Principal Place of Business

**10263 WHISPERING FOREST DRIVE #914
 JACKSONVILLE FL 32257**

Mailing Address

**10263 WHISPERING FOREST DRIVE #914
 JACKSONVILLE FL 32257-8647**

2. Principal Place of Business

**10632 Cypresswood Drive, West
 Suite, Apt. #, etc.**

3. Mailing Address

**10632 Cypresswood Drive, West
 Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

City & State

Jacksonville, Florida

City & State

Jacksonville, FL

4. FEI Number

59-3538209

Applied For

Not Applicable

Zip

32257

Country

USA

Zip

32257

Country

USA

5. Certificate of Status Desired ☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**WATSON, KRISTEN
 4239 SUNBEAM ROAD
 JACKSONVILLE FL 32257**

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, 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	D	<input type="checkbox"/> Delete
NAME	WATSON, DARREN M	
STREET ADDRESS	10263 WHISPERING FOREST DRIVE #914	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	D	<input type="checkbox"/> Delete
NAME	WATSON, KRISTEN Z	
STREET ADDRESS	10263 WHISPERING FOREST DRIVE #914	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATSON, DARREN M.	
STREET ADDRESS	10632 CYPRESSWOOD DRIVE, WEST	
CITY-ST-ZIP	JACKSONVILLE, FLORIDA 32257	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATSON, KRISTEN Z.	
STREET ADDRESS	10632 CYPRESSWOOD DRIVE, WEST	
CITY-ST-ZIP	JACKSONVILLE, FLORIDA 32257	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

Kristen Z. Watson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/00
 Date

(904) 443-7449
 Daytime Phone #

CB2EN24 10/00