

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000014400

1. Entity Name

THE WATCH ZONE, INC.

Principal Place of Business

3215 NW 13TH ST  
GAINESVILLE FL 32609

Mailing Address

3215 NW 13TH ST  
GAINESVILLE FL 32609-2174

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3558606

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRACHHOLD, PAUL  
3215 NW 13TH ST  
GAINESVILLE FL 32609

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME BRACHHOLD, PAUL  
STREET ADDRESS 1207 NE 6TH ST  
CITY-ST-ZIP GAINESVILLE FL 32601

☐ Delete

TITLE VD  
NAME BRACHHOLD, JEAN  
STREET ADDRESS 1207 NE 6TH ST  
CITY-ST-ZIP GAINESVILLE FL 32601

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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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 Required*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jean Brachhold 4-3-00 352 373 4889

FILED  
Apr 10, 2000 8:00 am  
Secretary of State

04-10-2000 90098 023 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)