

AMENDED
**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 799000048390

1. Entity Name

Watson & Withers, Certified Public Accountants P.A.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JUN 10 PM 1:23

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3838 Killearn Court

3. Mailing Address

3838 Killearn Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee FL

City & State

Tallahassee FL

4. FEI Number

59-3578067

Applied For

Not Applicable

Zip

32309

Country

Leon

Zip

32309

Country

Leon

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Barbara Sheehan Withers, CPA

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

3838 Killearn Court

City

Tallahassee

FL

Zip Code

32309

**DO NOT WRITE
IN THIS SPACE**

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

Barbara Sheehan Withers
Barbara Sheehan Withers

6-10-02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
Barbara S. Withers P, D,
3838 Killearn Court S-T
Tallahassee FL 32309

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100005978141--8
-06/25/02--01046--024

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Barbara S. Withers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Barbara S. Withers

6-10-02

Date

830 893-4080

Daytime Phone #

CR2E034B (12/01)