

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000058411

1. Entity Name
VICTOR M. WATSON, P.A.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90181 047 ***150.00

Principal Place of Business Mailing Address
1970 MICHIGAN AVENUE BLDG C 1970 MICHIGAN AVENUE BLDG C
COCOA FL 32922 COCOA FL 32922-5723

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 65-0942750 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

WATSON, VICTOR M
1970 MICHIGAN AVENUE BLDG C
COCOA FL 32922

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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP | D WATSON, VICTOR 1970 MICHIGAN AVENUE BLDG C COCOA FL 32922 | <input type="checkbox"/> Delete |
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|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P/S/D Watson, Victor M. 1970 Michigan Avenue - Bldg. C Cocoa, FL 32922 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: Victor M. Watson VICTOR M. WATSON, 04/28/00 (321) 631-1550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Pres./Sec.

CR2E034 (9/99)