

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 08, 2000 8:00 am**  
**Secretary of State**

06-08-2000 90004 001 \*\*\*150.00

**DOCUMENT #** p99000067825 ✓  
**1. Entity Name**  
 J. J. Watson Enterprises, Inc.  
 d/b/a Party Land

**Principal Place of Business** Winter Springs, FL  
**Mailing Address** 5645 Red Beryl Lake Rd.  
 Winter Springs, FL 32708

**2. Principal Place of Business** Winter Springs, FL  
 Suite, Apt. #, etc.  
**3. Mailing Address** 5645 Red Beryl Lake Rd  
 Suite, Apt. #, etc.  
**City & State** Winter Springs, FL  
**Zip** 32708  
**Country** USA

**4. FEI Number** 59 358 9951  
**Applied For**  
 Not Applicable  
**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 Jeanneer C. Watson, owner  
 5938 Blakeford Dr.  
 Windermere, FL 34786

**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** *Jeanneer C. Watson*  
 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	Owner - President	<input type="checkbox"/> Delete
NAME	Jeffrey D. Watson	
STREET ADDRESS	5938 Blakeford Dr.	
CITY-ST-ZIP	Windermere, FL 34786	
TITLE	Owner - Sec/Treas.	<input type="checkbox"/> Delete
NAME	Jeanneer C. Watson	
STREET ADDRESS	5938 Blakeford Dr.	
CITY-ST-ZIP	Windermere, FL 34786	
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		<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		
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** *Jeanneer C. Watson* 5720/VD 4079099241  
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)