

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000067825

1. Entity Name  
J & J WATSON ENTERPRISES, INC.

**FILED**  
**Mar 27, 2001 8:00 am**  
**Secretary of State**

03-27-2001 90028 027 \*\*\*150.00

Principal Place of Business

5645 RED BREZ LAKE RD  
WINTER SPRINGS FL 32708

Mailing Address

5645 RED BREZ LAKE RD  
WINTER SPRINGS FL 32708

2. Principal Place of Business

*Moved 12/11/00*  
789 N. Alafaya Trail  
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 781233  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number 59-3589951

Applied For  
Not Applicable

Zip 32828  
Country Orange

Zip 32878-1233  
Country Orange

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WATSON, JEANNEEN C  
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 *James C. Watson*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)  
DATE 1/19/01

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, 2001 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	P	WATSON, JEFFREY D	<input type="checkbox"/> Delete
NAME		5938 BLAKEFORD DR	
STREET ADDRESS		WINDERMERE FL 34786	
CITY-ST-ZIP			
TITLE	ST	WATSON, JEANNEEN C	<input type="checkbox"/> Delete
NAME		5938 BLAKEFORD DR	
STREET ADDRESS		WINDERMERE FL 34786	
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			
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
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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: *James C. Watson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/01 407-909-9241  
Date Daytime Phone #

CR2E034 (10/00)