2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V08636

MARK WATSON, P.A.

FILED
May 13, 2002 8:00 am & Secretary of State

05-13-2002 90134 032 ***150.00

				05-1	13-2002 701.	J T VJ Z 1	30.00	
Principal Place of Business 66S-1 CRISTINA MARIA DR ORLANDO FL 32835		Mailing Address 717 EAST OAK STREET KISSIMMEE FL 34744		-				
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2. Princip	al Place of Business 4 Cristing Maria Dr.	3. Mailing Address			and and a nnia 1111			
	Apt. #, etc.	Suite, Apt. #, etc.			NOT WORTE IN I	T. 110. 0.0		
City & 5	State	City & State			DO NOT WRITE IN THIS SPACE			
Zip ! Country		·		4. FEI Number 59:3	59-3103765 - ⁷⁻⁰⁰⁰			
Σήρ	Country	Zip	Country	5. Certificate of Status		\$8.75	Not Applicable	
	6. Name and Address of Current Re	egistered Agent		7. Name and Address	_	Fee Regu	ired	
SWART	, HARRY J CPA	was and an are <u>and an</u>	Name			reu Agent		
	ST OAK STREET		Street Addres	ss (P.O. Box Number is Not A	cceptable)			
1	MEE FL 34744		-					
			City			- 1 = -		
8. The abo	ve named entity submits this statement for the	O Durage of the saint is	"			FL Zip Co	ode	
	ve named entity submits this statement for th	re purpose or changing its	s registered office or regis	stered agent, or both, in the St	tate of Florida.			
SIGNATURI	Signature, typed or printed name of registered agent and							
9 This cor			E: Registered Agent signature requ	ired when reinstating)	DA	TE		
1 - Grand Grand Chieff and elects to do so.			!!! FEE IS \$150.00	10. Election Camp	paign Financing	¢ E	00	
(See criteria on back)		After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta						
11.	POST OFFICERS AND DIF	RECTORS	12.	ADDITIONS/CHANGES	TO OFFICERS A	AND DIRECTOR	RS IN 11	
NAME	WATSON, MARK S.	☐ Delete	TITLE	· · · · · · · · · · · · · · · · · · ·		☐ Change	Addition	
STREET ADDRESS	6654 CRISTINA MARIE DRIVE		NAME STREET ADDRESS				ĺ	
CITY-ST-ZIP	ORLANDO FL 32835		CITY-ST-ZIP					
TITLE NAME		☐ Delete	TITLE			☐ Change	Addition	
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CITY-ST-ZIP			CITY-ST-ZIP]	
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STREET ADDRESS			NAME			change	Addition	
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE		☐ Delete	TITLE					
NAME STREET ADDRESS	North State of the		NAME			Change	☐ Addition	
CITY-ST-ZIP			STREET ADDRESS					
TITLE	De la Company	☐ Delete	CITY-ST-ZIP					
NAME	I	C Delete	TITLE NAME			Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	\		STREET ADDRESS	·				
	earlify that the information	_	CITY-ST-ZIP				1	

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 of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND THE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-02

Daytime Phone #

CR2E034 (9/