2000 UNIFORM BUSINESS REPORT (UBR)

Apr 26, 2000 8:00 am Secretary of State DOCUMENT # V27767 1. Entity Name RICHARD WATSON & ASSOCIATES, INC. 04-26-2000 90157 007 ***150.00 Mailing Address Principal Place of Business PO BOX 10038 108 E. JEFFERSON TALLAHASSEE FL 32302-2038 TALLAHASSEE FL 32301 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3121491 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WATSON, RICHARD Street Address (P.O. Box Number is Not Acceptable) 108 EAST JEFFERSON STREET SUITE C TALLAHASSEE FL 32301 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11 ☐ Addition TITLE TITLE ☐ Delete NAME NAME WATSON, RICHARD STREET ADDRESS STREET ADDRESS 108 E. JEFFERSON ST, SUITE C CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL Addition Delete TITLE ☐ Change TITLE ST WATSON, CANDACE W NAME NAME STREET ADDRESS 108 E. JEFFERSON ST. SUITE C STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL ☐ Defete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

SIGNATURE:

Date Daytime Phone #