

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 26, 2000 8:00 am
Secretary of State

07-26-2000 90016 043 ***150.00

DUPLICATE

DO NOT WRITE IN THIS SPACE

DOCUMENT # **L 03395**

1. Entity Name
ROBERT L. WATSON MD PA

Principal Place of Business
5111 MEMORIAL HWY
P.O. Box 25233-5233
TAMPA, FL 33634
US

Mailing Address
P.O. Box 25233
P.O. Box 25233-5233
TAMPA FL 33622-5233
US

2. Principal Place of Business
1704 SINGLE TREE WAY
 Suite, Apt. #, etc.

3. Mailing Address
1704 SINGLE TREE WAY
 Suite, Apt. #, etc.

City & State
BOWLING GREEN KY
 Zip
42103-1546 Country
US

City & State
BOWLING GREEN KY
 Zip
42103-1546 Country
US

4. FEI Number
59-2964667 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
PIROLOZZI, JOSEPH C.P.A.
5111 MEMORIAL HWY
TAMPA, FL 33634

7. Name and Address of New Registered Agent
 Name
LAURA EYDEMON
 Street Address (P.O. Box Number is Not Acceptable)
10563 GREENCREST DRIVE
 City
TAMPA FL Zip Code
33626

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 LAURA EYDEMON *Laura Erdemon* 7-12-2000
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 PRESIDENT	<input type="checkbox"/> Delete
NAME ROBERT L. WATSON	
STREET ADDRESS 1704 SINGLE TREE WAY	
CITY-ST-ZIP BOWLING GREEN, KY 42103-1546	
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	
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: Robert L. Watson **ROBERT L. WATSON** 7-19-00 270-842-6027
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

Attachment
D# L03395
DW74817

SHELTON & ASSOCIATES, LLP
CERTIFIED PUBLIC ACCOUNTANTS
181 WEST PROFESSIONAL PARK COURT
BOWLING GREEN, KENTUCKY 42104
(270) 842-9620

MEMBER
AMERICAN INSTITUTE OF CPAs

MEMBER
KENTUCKY SOCIETY OF CPAs

July 14, 2000

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Sir or Madam:

Our client, Robert L. Watson, MD, PA (FEIN# 59-2964667), was unable to meet the May 1, 2000 filing deadline for the 2000 Uniform Business Report due to an address discrepancy. According to a representative from the corporate tax division the 2000 form was sent to P.O. Box 25233, Tampa, FL 33622. Our client had gone through procedures to change the mailing address, but did not realize this office required a separate request. As a result the form was not received in a manner such that it could be timely filed. Please accept the 2000 report with the standard \$150 enclosed along with making a note of the corrected address.

Thank you for your cooperation in this matter. If I may answer any questions please do not hesitate to contact me.

Sincerely,



Katrina A. Kie
Shelton & Associates, LLP, CPAs