

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90447 040 ***150.00

DOCUMENT # **P01000109268**

1. Entity Name

Downtown Billiards Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Downtown Billiards

Suite, Apt. #, etc.

3. Mailing Address

8 South Magnolia Ave

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Ocala FL

City & State

FL

4. FEI Number

65-1152548

Applied For

Not Applicable

Zip

34474

Country

United States

Zip

34474

Country

United States

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

7. Name and Address of Current Registered Agent

Name

Ted Daryl Hayman

Street Address (P.O. Box Number is Not Acceptable)

4700 SE 40th Ct.

City

Ocala

Zip Code

34480

**DO NOT WRITE
IN THIS SPACE**

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

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)



Annually: May 1st Fee is \$150.00

After May 1: Fee is \$550.00

Amended UBR is \$61.25

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

NAME

STREET ADDRESS

CITY - ST - ZIP

President
Ted Hayman
4700 SE 40th Ct.
Ocala FL 34480

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-02

Date

352 8437182

Daytime Phone

CR2E034B (12/01)