2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2000 8:00 am
Secretary of State
05-17-2000 90915 019 ***150.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P95000068728

1. Entity Name
SHARKY'S BILLIARDS SOUTH LAKELAND, INC.

Principal Place of Business	Mailing Address
4533 SOUTH FLORIDA AVENUE LAKELAND FL 33813	4533 SOUTH FLORIDA AVENUE LAKELAND FL 33813-2121

2. Principal Place of Business		3. Mailing Address	
4525 S. FLORIDA AVE		4525 S. FLORIDA AVE	
Suite, Apt. #, etc.: 19		Suite, Apt. #, etc.: 19	
City & State: LAKELAND FL		City & State: LAKELAND, FL	
Zip: 33813	Country: POLK	Zip: 33813	Country: POLK.

4. FEI Number 59-3337175 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HOLDEN, JEFFREY K
4533 SOUTH FLORIDA AVENUE
LAKELAND FL 33813

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 4525 S. FLORIDA AVE
19
City LAKELAND FL Zip Code 33813

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] JEFFREY HOLDEN 4-18-00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HOLDEN, JEFFREY K		NAME		
STREET ADDRESS	4533 SOUTH FLORIDA AVENUE		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33813		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: SIGNATURE REQUIRED [signature] JEFFREY HOLDEN 4-18-00 863-644-1717
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)