

2000 UNIFORM BUSINESS REPORT (UBR)

4/

FILED
May 09, 2000 8:00 am
Secretary of State

04-05-2000 90110 022 ***158.75

DOCUMENT # K77596

1. Entity Name

BACKSTAGE BILLIARDS OF ORLANDO, INC.

Principal Place of Business

5656 INTERNATIONAL DR.
 ORLANDO FL 32819
 US

Mailing Address

5656 INTERNATIONAL DR.
 ORLANDO FL 32819-8557
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2899899**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

LICATA, SALVATORE
5656 INTERNATIONAL DR
ORLANDO FL 32819

7. Name and Address of New Registered Agent

Name **CHRISTOPHER LICATA**
 Street Address (P.O. Box Number is Not Acceptable)
5656 INTERNATIONAL DR.
 City **ORLANDO** FL Zip Code **32819**

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

Christopher Licata, PRESIDENT/VP
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)

4/17/2000
 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	P	<input type="checkbox"/> Delete
NAME	LICATA, SALVATORE	
STREET ADDRESS	5656 INTERNATIONAL DR.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VPST	<input type="checkbox"/> Delete
NAME	LICATA, CHRISTOPHER	
STREET ADDRESS	5656 INTERNATIONAL DR.	
CITY-ST-ZIP	ORLANDO FL 32819	
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	S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALVATORE LICATA	
STREET ADDRESS	5656 INTERNATIONAL DR.	
CITY-ST-ZIP	ORLANDO FLA 32819	
TITLE	P/V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTOPHER LICATA	
STREET ADDRESS	5656 INTERNATIONAL DR.	
CITY-ST-ZIP	ORLANDO FLA 32819	
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: *Christopher Licata* / **CHRISTOPHER LICATA** **4/2/2000** **(407)345-0323**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)