2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F22735

Entity Name: BABE'S BILLIARDS INC

FILED Feb 05, 2003 Secretary of State

Entity Name: DADE 31	DILLIARDO, INC.		
Current Principal Place of Business:		New Principal Place of Business:	
311 ORANGE AVE FT PIERCE, FL 34950			
Current Mailing Address:		New Mailing Address:	
311 ORANGE AVE FT PIERCE, FL 34950			
FEI Number: 59-2096021	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:	
MINARDI, JOSEPH JR 311 ORANGE AVE FT PIERCE, FL 34950			
The above named entity in the State of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,
SIGNATURE:			
Electro	nic Signature of Registered Age	ent	Date
Election Campaign Financin	g Trust Fund Contribution ().		

OFFICERS AND DIRECTORS:

Title:

Name:

Address: City-St-Zip: Title: DP (X) Change () Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 DP () Delete
 Title:
 DP (X) Change (

 MINARDI, JOSEPH A JR,
 Name:
 MINARDI, JOSEPH A JR,

 311 ORANGE AVE
 Address:
 311 ORANGE AVE

 FT PIERCE, FL 00000,
 City-St-Zip:
 FT PIERCE, FL 34950 US

Title: DVS () Delete Title: DVS (X) Change () Addition

 Name:
 MINARDI, MERRILY,
 Name:
 MINARDI, MERRILY,

 Address:
 311 ORANGE AVE
 Address:
 311 ORANGE AVE

 City-St-Zip:
 FT PIERCE, FL 00000,
 City-St-Zip:
 FT PIERCE, FL 34950 US

Title: T () Delete Title: T (X) Change () Addition

 Name:
 MINARDI, MERRILY,
 Name:
 MINARDI, MERRILY,

 Address:
 311 ORANGE AVE
 311 ORANGE AVE

 City-St-Zip:
 FT PIERCE, FL 00000,
 City-St-Zip:
 FT PIERCE, FL 34950 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MERRILY D MINARDI DVS 02/05/2003