

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J94729

1. Entity Name  
BILLY'S OYSTER BAR, INC.Principal Place of Business  
3000 THOMAS DR  
3000 THOMAS DR.  
PANAMA CITY BEACH FL 32408-6229  
USMailing Address  
3000 THOMAS DR  
3000 THOMAS DR.  
PANAMA CITY BEACH FL 32408-6229  
US2. Principal Place of Business  
Suite, Apt. #, etc.3. Mailing Address  
Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number  
**59-2848810**  Applied For  
 Not ApplicableZip  Country  Zip  Country 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

## 6. Name and Address of Current Registered Agent

POOLE, ELOISE  
3000 THOMAS DR  
PANAMA CITY BEACH FL 32407

Name

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

City

FL

Zip Code

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)**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2002 Fee will be \$550.00  
Make Check Payable to Department of State10. Election Campaign Financing  
Trust Fund Contribution. **\$5.00** May Be  
Added to Fees

## 11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
POOLE, WILLIAM  
6221 PALM COURT  
PANAMA CITY FL 32408 DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
POOLE, ELOISE B  
6221 PALM CT  
PANAMA CITY FL 32408 DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
MASON, PRUDENCE  
1607 CHERRY ST  
PANAMA CITY FL 32401 DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
  DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
  DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
  Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
  Change  AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
  Change  Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

850 -

Daytime Phone #

0988400  
AV

CR2E034 (9/01)