

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90048 044 ***150.00

DOCUMENT # L08354
1. Entity Name
AVALON BOWLING CENTER, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2986 AVALON BLVD
Suite, Apt. #, etc.

3. Mailing Address
1301 W GARDEN ST
Suite, Apt. #, etc.

City & State
MILTON FL

City & State
PENSACOLA FL

Zip
32583

Country

Zip
32501

Country

4. FEI Number
59-2963209

Applied For
Not Applicable

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

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7. Name and Address of Current Registered Agent

Name
BASS & SANDFORT ACCOUNTANTS, PA

Street Address (P.O. Box Number is Not Acceptable)
1301 WEST GARDEN ST

City
PENSACOLA

FL

Zip Code
32501

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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$650.00
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	STD DUBOSE, HEWBERT J 1525 DOLPHIN RD MILTON FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DUBOSE, ZONA M 1525 DOLPHIN RD MILTON FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD FANNIN, SHERRY 1525 DOLPHIN RD MILTON FL
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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: Zona DuBose Zona DuBose 7-20-03 850-995-4006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (1201)