

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005947

1. Entity Name

DICKHEADS INTERNATIONAL INC.

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90020 033 ****61.25

Principal Place of Business

Mailing Address

%SQUEEZE IN PUB
5005 S RIDGEWOOD AVE
PORT ORANGE FL 32127

%SQUEEZE IN PUB
5005 S RIDGEWOOD AVE
PORT ORANGE FL 32127-5120

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

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PHILLIPS, EDWARD
%SQUEEZE IN PUB
5005 S RIDGEWOOD AVE
PORT ORANGE FL 32127

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

Edward Phillips

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-28-00

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	PHILLIPS, EDWARD	
STREET ADDRESS	4370 SPRUCE CREEK RD	
CITY-ST-ZIP	PORT ORANGE FL 32127	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BOWSER, ROBIN	
STREET ADDRESS	514 RIDGEWOOD AVE	
CITY-ST-ZIP	HOLLY HILL FL 32117	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SPRY, RONALD	
STREET ADDRESS	C/O SQUEEZE IN PUB	
CITY-ST-ZIP	PORT ORANGE FL 32127	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HUMPHREY, ALICE E	
STREET ADDRESS	304 FOX PLACE	
CITY-ST-ZIP	PORT ORANGE FL 32127	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Edward Phillips
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-28-2000 904-437-3387

CR2E037 (9/99)