

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 13, 2001 8:00 am
Secretary of State

08-13-2001 90066 037 ****61.25

DOCUMENT # N98000005947

1. Entity Name

DICKHEADS INTERNATIONAL INC.

CR

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

5005 S. Ridgewood Ave.

3. Mailing Address

P.O. Box 291506

Suite, Apt. #, etc.

Suite, Apt. #, etc.

c/o Will's Honky Tonk

City & State

Port Orange, FL

City & State

Port Orange, FL

Zip

32127

Country

U.S.

Zip

32129-1506

Country

U.S.

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

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

7. Name and Address of New Registered Agent

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

Edward Phillips, President

7/25/01

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

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

TITLE **PD** ☐ Delete
 NAME **PHILLIPS, EDWARD**
 STREET ADDRESS **4370 SPRUCE CREEK RD**
 CITY-ST-ZIP **PORT ORANGE FL 32127**

TITLE **VD** ☐ Delete
 NAME **BOWSER, ROBIN**
 STREET ADDRESS **514 RIDGEWOOD AVE**
 CITY-ST-ZIP **HOLLY HILL FL 32117**

TITLE **SD** ☐ Delete
 NAME **SPRY, RONALD**
 STREET ADDRESS **C/O SQUEEZE IN PUB**
 CITY-ST-ZIP **PORT ORANGE FL 32127**

TITLE **TD** ☐ Delete
 NAME **HUMPHREY, ALICE E**
 STREET ADDRESS **304 FOX PLACE**
 CITY-ST-ZIP **PORT ORANGE FL 32127**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Change ☐ Addition
 NAME **Edward Phillips**
 STREET ADDRESS **4370 Spruce Creek Road**
 CITY-ST-ZIP **Port Orange, FL 32127**

TITLE **VD** ☒ Change ☐ Addition
 NAME **James W. Bahr, Jr.**
 STREET ADDRESS **6 Pearl Drive**
 CITY-ST-ZIP **Ormond Beach, FL 32174**

TITLE **SD** ☒ Change ☐ Addition
 NAME **Robin R. Bowser**
 STREET ADDRESS **514 Ridgewood Avenue**
 CITY-ST-ZIP **Holly Hill, FL 32117**

TITLE **TD** ☒ Change ☐ Addition
 NAME **Alice Humphrey**
 STREET ADDRESS **4262 Cardinal Boulevard**
 CITY-ST-ZIP **Daytona Beach, FL 32127**

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

TITLE ☐ Change ☐ 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: *Robin R. Bowser*

7/25/01 (386)252-0491

CR2E037 (5/01)