

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2002 8:00 am**  
**Secretary of State**

03-03-2002 90126 050 \*\*\*\*61.25

**DOCUMENT # N98000005947**

1. Entity Name

**DICKHEADS INTERNATIONAL INC.**

Principal Place of Business

Mailing Address

C/O WILL'S HONKY TONK  
 5005 S RIDGEWOOD AVE  
 PORT ORANGE FL 32127

P O BOX 291508  
 PORT ORANGE FL 32129-1508

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

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

7. Name and Address of New Registered Agent

Name **James W. Bahr, Jr.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**c/o Will's Honky Tonk**  
**5005 S. Ridgewood Avenue**  
 City **Port Orange,** **FL** Zip Code **32127**

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

*James W. Bahr, Jr.*

**James W. Bahr, Jr.**

**2/4/02**

**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

TITLE	PD	<input type="checkbox"/> Delete
NAME	PHILLIPS, EDWARD	
STREET ADDRESS	4370 SPRUCE CREEK RD	
CITY-ST-ZIP	PORT ORANGE FL 32127	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BOWSER, ROBIN R	
STREET ADDRESS	514 RIDGEWOOD AVE	
CITY-ST-ZIP	HOLLY HILL FL 32117	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HUMPHREY, ALICE E	
STREET ADDRESS	4262 CARDINAL BLVD	
CITY-ST-ZIP	PORT ORANGE FL 32127	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BAHR, JAMES W JR	
STREET ADDRESS	8 PEARL DRIVE	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James W. Bahr, Jr.	
STREET ADDRESS	237 N. Tymber Creek Rd.	
CITY-ST-ZIP	Ormond Beach, FL 32174	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ray Vath	
STREET ADDRESS	2703 Kumquat Drive	
CITY-ST-ZIP	Edgewater, FL 32141	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ronald Spry	
STREET ADDRESS	321 Monroe Place	
CITY-ST-ZIP	Port Orange, FL 32127	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

*James W. Bahr, Jr.*

**James W. Bahr, Jr. 2/4/02 386-316-2635**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)