

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 26, 2003 8:00 am**  
**Secretary of State**

03-26-2003 90170 013 \*\*\*\*61.25

**DOCUMENT # N98000005947**



1. Entity Name  
**DICKHEADS INTERNATIONAL INC.**

Principal Place of Business

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

Mailing Address

**P O BOX 291506  
PORT ORANGE FL 32129-1506**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BAHR, JAMES W JR  
% WILLS HONKY TONK  
5005 S RIDGEWOOD AVE  
PORT ORANGE FL 32127**

Name

**Edward Phillips**

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

**4370 Spruce Creek Road**

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. I am familiar with, and accept the obligations of registered agent.

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

**Edward Phillips**

**3/17/03**

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	BAHR, JAMES W JR	
STREET ADDRESS	237 N TYMBER CREEK RD	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
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	VATH, RAY	
STREET ADDRESS	2703 KUMQUAT DRIVE	
CITY-ST-ZIP	EDGEWATER FL 32141	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SPRY, RONALD	
STREET ADDRESS	321 MONROE 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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Edward Phillips	
STREET ADDRESS	4370 Spruce Creek Road	
CITY-ST-ZIP	Port Orange, FL 32127	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lisa M. Campbell	
STREET ADDRESS	506 South Lanvale Avenue	
CITY-ST-ZIP	Daytona Beach, FL 32114	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robin R. Bowser	
STREET ADDRESS	514 Ridgewood Avenue	
CITY-ST-ZIP	Holly Hill, FL 32117	
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: *Edward L. Phillips* **Edward L. Phillips** 3/17/03 386-252-1573

CR2E037 (10/02)