

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Feb 09, 2001 8:00 am**  
**Secretary of State**

02-09-2001 90112 028 \*\*\*150.00

**DOCUMENT # P00000010723**

1. Entity Name

**BUCKETHEAD ENTERTAINMENT, INC.**

Principal Place of Business

**13254 SW 265 STREET  
HOMESTEAD FL 33032**

Mailing Address

**13254 SW 265 STREET  
HOMESTEAD FL 33032**

2. Principal Place of Business

**BUCKETHEAD**

3. Mailing Address

**TONY + DETRA PHILON**

Suite, Apt. #, etc.

**11335 SW 208 DR.**

Suite, Apt. #, etc.

**13254 SW 265 ST.**

City &amp; State

**MIAMI, FL**

City &amp; State

**HOMESTEAD, FL**

Zip

**33189**

Country

**DADE**

Zip

**33032**

Country

**DADE**

4. FEI Number

**65-0986409**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**PHILON, TONY C  
13254 SW 265 STREET  
HOMESTEAD FL 33032**

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

**Tony C. Philon TONY C. PHILON (PID)**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**01-31-01**9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
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          | PTD                 | <input type="checkbox"/> Delete |
| NAME           | PHILON, TONY C      |                                 |
| STREET ADDRESS | 13254 SW 265 STREET |                                 |
| CITY-ST-ZIP    | HOMESTEAD FL 33032  |                                 |
| TITLE          | VSD                 | <input type="checkbox"/> Delete |
| NAME           | PHILON, DETRA       |                                 |
| STREET ADDRESS | 13254 SW 265 STREET |                                 |
| CITY-ST-ZIP    | HOMESTEAD FL 33032  |                                 |
| 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"/> Delete |
| NAME           |                     |                                 |
| STREET ADDRESS |                     |                                 |
| CITY-ST-ZIP    |                     |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |   |
|----------------|---|
| 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    |   |
| 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    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Tony C. Philon TONY C. PHILON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-31-01

Date

305-258-4851

Daytime Phone #

CR2E034 (10/00)