

2001 UNIFORM BUSINESS REPORT (UBR)

1/2

FILED
Mar 01, 2001 8:00 am
Secretary of State

01-29-2001 90129 003 ***150.00

DOCUMENT # P00000055142

1. Entity Name

UNCLE OSCAR'S BILLIARDS, INC.

Principal Place of Business

Mailing Address

~~1184 BIRD BAY WAY~~

~~1184 BIRD BAY WAY~~

~~VENICE FL 34292~~

~~VENICE FL 34292~~

521 US 41 By Pass N
 Venice FL 34292

Same

2. Principal Place of Business

3. Mailing Address

521 US 41 By Pass N
 Suite, Apt. #, etc.

Same
 Suite, Apt. #, etc.

City & State

City & State

Venue

FL

4. FEE Number

65-1014469

Applied For

Not Applicable

Zip

Country

Zip

Country

34292

USA

34292

Same

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

CALHOUN, OSCAR

~~1184 BIRD BAY WAY~~

~~VENICE FL 34292~~

233 Woodlands

Ozpry, FL 34229

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

OSCAR D. CALHOUN, JR. Oscar D. Calhoun

2/19/01

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	CALHOUN, OSCAR	
STREET ADDRESS	1184 BIRD BAY WAY	
CITY-ST-ZIP	VENICE FL 34292 233 Woodland Dr Ozpry, FL 34229	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 a power of attorney.

SIGNATURE:

Oscar D. Calhoun

1/19/01

Date

Daytime Phone #

941-484-8337

CR2E034 (10/00)