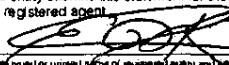
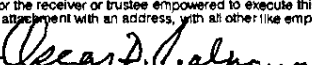


FILED

03 JUN 12 PM 12:13

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P0000055142			
1. Entity Name UNCLE OSCAR'S BILLIARDS, INC.			
Principal Place of Business 521 US 41 BY PASS N VENICE, FL 34292		Mailing Address 521 US 41 BY PASS N VENICE, FL 34292	
2. Principal Place of Business		3. Mailing Address 243 GRIFFIN ROAD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State VENICE, FLORIDA		City & State VENICE, FLORIDA	
Zip 34292	Country	Zip 34292	Country
6. Name and Address of Current Registered Agent FOGAZZI, DAN 521 US41 BY PASS N VENICE, FL 34292		7. Name and Address of New Registered Agent Name ERIK V. KORZOLUS Street Address (P.O. Box Number is Not Acceptable) 2100 TAMMONE TRAIL S SUITE C City VENICE FL Zip Code 34292	
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  DATE 6/9/03 (NOTE: Registered Agent signature required when substituting)			
FILE NOW!!! FEE IS \$450.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOGAZZI, DAN 521 US41 BYPASS N VENICE, FL 34292 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO OSCAR CALHOUN 600 LOUGHBROOK WAY #150 RISASANT HILL, CA 94523 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 607, 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:  OSCAR CALHOUN		DATE: 6/9/03 941-408-8200	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE AND PHONE NUMBER	

SECRETARY OF STATE
TALLAHASSEE, FLORIDA~~06/12/03 01032-001 **\$550.00~~☐ CHECK HERE IF MAKING CHANGES4. FEI Number **65-1014469** Applied For ☐ Not Applicable ☐5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6/9/03

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees~~06/12/03 01032-001 **\$550.00~~~~06/12/03 01032-001 **\$550.00~~

6/6/12