FILED

03 JUN 12 PM 12: 13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

~~06/12/03 01038 001 **550.00~~

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000055142

1. Entity Name
UNCLE OSCAR'S BILLIARDS, INC.

Principal Place of Business	Mailing Address
521 US 41 BY PASS N VENICE, FL 34292	521 US 41 BY PASS N VENICE, FL 34292

2. Principal Place of Business	3. Mailing Address
	243 GREENCOVE ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: VENICE, FLORIDA
Zip / Country	Zip: 34292 / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1014469** ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FOGAZZI, DAN
521 US41 BY PASS N.
VENICE, FL 34297

7. Name and Address of New Registered Agent

Name: ERIK V. KORZILIUS
Street Address (P.O. Box Number is Not Acceptable): 2100 TAMIAMI TRAIL S
SUITE C
City: VENICE FL Zip Code: 34293

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 [signature] 6/9/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
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	PD OSCAR CALHOUN 600 LONGBROOK WAY #150 PLEASANT 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
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CR2E034 (10/02)

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 D. Calhoun OSCAR CALHOUN 6/9/03 941-408-8200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

gr 6/12