

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000085092

1. Entity Name
OLD TIME BILLIARDS, INC.

FILED
Mar 30, 2001 8:00 am
Secretary of State

03-30-2001 90355 001 ***150.00

Principal Place of Business
5419 DEAN STREET
NEW PORT RICHEY FL 34653

Mailing Address
5419 DEAN STREET
NEW PORT RICHEY FL 34653

XXXXXXXXXX



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3693 UNIVERSAL PLAZA
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
NEW PORT RICHEY, FL

City & State

4. FEI Number
59-3672110

Applied For
Not Applicable

Zip
34652

Country
US.

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

PUMA, YVONNE C
5419 DEAN STREET
NEW PORT RICHEY FL 34653

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 _____
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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
PUMA, YVONNE
5419 DEAN STREET
NEW PORT RICHEY FL 34653 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
PUMA, PAUL J JR.
5419 DEAN STREET
NEW PORT RICHEY FL 34653 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PAUL PUMA SR. V.D
4704 189 ST.
FLUSHING, NY 11355 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)