

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 09, 2001 8:00 am
Secretary of State

03-09-2001 90496 049 ***150.00

DOCUMENT # P00000094122

1. Entity Name

BILLY'S TAP ROOM AT SKYLINE, INC.

Principal Place of Business

2004 NORTH DIXIE FREEWAY
 NEW SMYRNA BEACH FL 32168

Mailing Address

2004 NORTH DIXIE FREEWAY
 NEW SMYRNA BEACH FL 32168

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59 3674311

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

NOELL, GILBERT W JR
 2004 NORTH DIXIE FREEWAY
 NEW SMYRNA BEACH FL 32168

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

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

TITLE D
 NAME MERKLE, FRED
 STREET ADDRESS 822 SAWGRASS LANE
 CITY-ST-ZIP NEW SMYRNA BEACH FL 32168 ☐ Delete

TITLE D
 NAME MERKLE, MARION T
 STREET ADDRESS 822 SAWGRASS LANE
 CITY-ST-ZIP NEW SMYRNA BEACH FL 32168 ☐ Delete

TITLE D
 NAME NOELL, GILBERT W JR
 STREET ADDRESS 172 RIVERSIDE DRIVE
 CITY-ST-ZIP ORMOND BEACH FL 32176 ☐ Delete

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☒ Change ☐ Addition
 NAME F/D NOELL, GILBERT W. JR.
 STREET ADDRESS 172 RIVERSIDE DR.
 CITY-ST-ZIP ORMOND BEACH, FL 32176

TITLE ☒ Change ☐ Addition
 NAME F/D NOELL, JACQUELYN T.
 STREET ADDRESS 172 RIVERSIDE DR.
 CITY-ST-ZIP ORMOND BEACH, FL 32176

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

TITLE ☐ Change ☐ 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:

Gilbert W. Noell Jr., President GILBERT W. NOELL JR.

904-677-3753

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

3-07-2001

Daytime Phone #

CR2E034 (10/00)