

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90368 001 \*\*\*\*\*8.75  
 04-22-2002 90368 002 \*\*\*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**

DO NOT WRITE IN THIS SPACE



**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 **GILBERT W. NOELL JR.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**172 RIVERSIDE DR.**  
 City **ORMOND BEACH** FL Zip Code **32176**

**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, 2002 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** ☐ Delete  
 NAME **MERKLE, FRED**  
 STREET ADDRESS **822 SAWGRASS LANE**  
 CITY-ST-ZIP **NEW SMYRNA BEACH FL 32168**

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

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

TITLE **VSD** ☐ Delete  
 NAME **NOELL, JACQUELYN T**  
 STREET ADDRESS **172 RIVERSIDE DR**  
 CITY-ST-ZIP **ORMOND BEACH FL 32176**

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  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4.10.2002 386.677-8763**

CR2E034 (9/01)