2001 UNIFORM BUSINESS REPORT (UBR)

Jan 27, 2001 8:00 am Secretary of State DOCUMENT # **P94000077535** FLORIDA BILLIARD & RECREATIONAL OUTLET, INC. 01-27-2001 90063 014 ***150.00 Mailing Address Principal Place of Business 9421 S. ORANGE BLOSSOM TRL. 9421 S. ORANGE BLOSSOM TRL. 906237 ORLANDO FL 32837 ORLANDO FL 32837 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3267343 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **BOLLO.-AUGUSTINE D** Street Address (P.O. Box Number is Not Acceptable) 2322 BLACKJACK OAK ST OCOEE FL 34761 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Change ☐ Addition ☐ Delete TITLE **BOLLO, AUGUSTINE D** NAME STREET ADDRESS STREET ADDRESS 2322 BLACKJACK OAK ST. CITY-ST-ZIP CITY-ST-7IP OCOEE FL 34761 Addition TITLE Change ☐ Delete DV TITLE NAME NAME **BOLLO, CAROL A** STREET ADDRESS STREET ADDRESS 2322 BLACKJACK OAK ST CITY-ST-ZIP CITY-ST-ZIP OCOEE FL 34761 ☐ Addition ☐ Change TITLE TITLE ☐ Delete NAME **BOLLO, ANTHONY T** NAME STREET ADDRESS STREET ADDRESS 2322 BLACKJACK OAK ST CITY-ST-ZIP CITY-ST-ZIP OCOEE FL 34761 ☐ Addition Change TITLE TITLE DT Defete NAME NAME BOLLO, JAMEY J STREET ADDRESS STREET ADDRESS 2322 BLACKJACK OAK ST CITY-ST-ZIP CITY-ST-ZIP **OCOEE FL 34761** ☐ Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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. 407-240-2322 1-16-2001

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED