

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathiam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000086545 (8)

1. Corporation Name

SASLONA BILLIARDS, INC.

FILED

95 JAN 25 PM 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

10771 BEACH BOULEVARD #101
JACKSONVILLE FL 32216

Mailing Address

10771 BEACH BOULEVARD #101
JACKSONVILLE FL 32216

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/28/1994

3a. Date of Last Report

N/A

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

32246

Country

Zip

32246

Country

24

29

30

4. FEI Number

59-327-8395

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SASLONA, BRIAN
10771 BEACH BOULEVARD #101
JACKSONVILLE FL 32216

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Brian Saslone Brian Saslone

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

1-14-95

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME SASLONA, SHELDON D
STREET ADDRESS 10771 BEACH BOULEVARD #101
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE VD
NAME SASLONA, ELIZABETH
STREET ADDRESS 10771 BEACH BOULEVARD #101
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE TD
NAME SASLONA, BRIAN
STREET ADDRESS 10771 BEACH BOULEVARD #101
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE SD
NAME SASLONA, TERRI D
STREET ADDRESS 10771 BEACH BOULEVARD #101
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Brian Saslone Brian Saslone

Signature and typed or printed name of signing officer or director

1-14-95

Date

504-641-7064

Telephone (Area #)