Amended

2003 **FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

08-11-2003 90290 011 ****61.50
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000054647

1. Entity Name

STRIKERS BILLIARDS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
600 GOODLETTE RD N		600 GOODLETTE RD N	
Suite, Apt. #, etc. #104		Suite, Apt. #, etc. #104	
City & State NAPLES, FL		City & State NAPLES, FL	
Zip 34102	Country USA	Zip 34102	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0669363 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name FIORINI, RICHARD J

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

600 GOODLETTE RD N #104

City NAPLES **FL** Zip Code 34102

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE X _____ 8/8/03
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVTD FIORINI, RICHARD J 600 GOODLETTE RD N #104, NAPLES, FL	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	8/8/03	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	8/8/03
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: X _____ 8/8/03 (239) 263-0829
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034B (12/02)