

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**  
 04-27-2000 90047 013 \*\*\*150.00

**DOCUMENT # P99000039416**

1. Entity Name

**ATLANTIC BILLIARDS, INC.**

Principal Place of Business

Mailing Address

~~7425 TRESSCOTT DR. 11150~~  
~~LAKE WORTH FL 33467~~

~~7425 TRESSCOTT DR.~~  
~~LAKE WORTH FL 33467 7621~~

2. Principal Place of Business

3. Mailing Address

**11150 Okeechobee Blvd**

**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite M**

City & State

City & State

**Royal Palm Beach FL**

Zip

Zip

Country

Country

**33411**

**USA**

6. Name and Address of Current Registered Agent

4. FEI Number

**65-0917904**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

Name

**William C Walker**

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

**11150 Okeechobee Blvd Ste M**

City

**Royal Palm Beach**

**FL**

Zip Code

**33411**

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **WALKER, WILLIAM C**  
 CITY-ST-ZIP **7425 TRESSCOTT DR. 11150 Okeechobee Blvd Ste M**  
**LAKE WORTH FL 33467 Royal Palm Beach FL 33411**

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

TITLE ☐ Delete  
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 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: **W.C. Walker**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/21/00**

Date

**401 753-3606**

Daytime Phone #

CR2E034 (9/99)