

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

04-25-2002 90017 034 ***150.00

DOCUMENT # S83223

1. Entity Name

BREAKERS BILLIARDS, INC.

Principal Place of Business

Mailing Address

**2987 ALAFAYA TRAIL
 OVIEDO FL 32765**

**2987 ALAFAYA TRAIL
 OVIEDO FL 32765**

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

59-3086474

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PARKER, DANIEL W (Deceased)
 2987 ALAFAYA TRAIL
 OVIEDO FL 32765**

Name

VIVIAN C. PARKER

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

2987 ALAFAYA TRAIL

Oviedo

City

FL

Zip Code

32765

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

Vivian C. Parker

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

(NOTE: Registered Agent signature required when reinstating)

DATE

May 9, 2002

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete
 NAME **PARKER, DANIEL W**
 STREET ADDRESS **3549 SCOUT OAK LOOP**
 CITY-ST-ZIP **OVIEDO FL**

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

TITLE **S** ☐ Delete
 NAME **PARKER, VIVIAN C**
 STREET ADDRESS **3549 SCOUT OAK LOOP**
 CITY-ST-ZIP **OVIEDO FL**

TITLE ☐ Change ☐ Addition
 NAME **no change**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** ☐ Delete
 NAME **PARKER, DREW P**
 STREET ADDRESS **3549 SCOUT OAK LOOP**
 CITY-ST-ZIP **OVIEDO FL**

TITLE ☒ Change ☐ Addition
 NAME **PRESIDENT**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** ☐ Delete
 NAME **PARKER, DEAN J**
 STREET ADDRESS **3549 SCOUT OAK LOOP**
 CITY-ST-ZIP **OVIEDO FL**

TITLE ☐ Change ☐ Addition
 NAME **no change**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **DORI A. PARKER**
 STREET ADDRESS **3549 SCOUT OAK LOOP**
 CITY-ST-ZIP **OVIEDO, FL**

TITLE ☐ Delete
 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:

Vivian C. Parker **VIVIAN C. PARKER, Sec'y April 16, 2002**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20034 (9/01)



Att. # [REDACTED] 583223
87744
Commonwealth of Massachusetts

CERTIFICATE OF DEATH

City of Holyoke October 12, 2001

I Hereby certify that I have examined the Records of Deaths in said City and find recorded therein the Death of

Full Name of Decedent: Daniel Parker
Date of Death: October 9, 2001
Social Security Number: 021-34-3182
Name of Spouse: Vivian Guidetti
Sex: Male Color: White Marital Status: Married
Age: 56 Years Months Days
Date Of Birth: August 11, 1945
Disease or Cause of Death: Cardiac arrhythmia
Residence: 3549 Scutoak Loop, Oviedo, Florida 32765
Place of Death: Holyoke Hospital, Holyoke, MA
Place of Burial: Springfield Cemetery and Crematory Springfield, MA
Occupation: Owner, Billiard Room War Service: Vietnam
Place of Birth: Holyoke, MA
Name and Birthplace of Father: Max Pelczarski, MA
Name and Birthplace of Mother: Sophie Nizinski, MA
Date of Record: October 11, 2001
Registered Number: 602

I hereby depose and say, that I hold the office of City Clerk of the City of Holyoke, County of Hampden, Commonwealth of Massachusetts; that the Records of Births, Marriages and Deaths in the said City are in my custody, and that the above is a true copy from the Records of Deaths in said City as certified by me.

WITNESS my hand and seal of the said City of
Holyoke on the day and year first above written.

Susan M. Egan
Susan M. Egan, City Clerk

IT IS ILLEGAL TO ALTER OR REPRODUCE THIS DOCUMENT IN ANY MANNER