2002 UNIFORM BUSINESS REPORT (UBR)

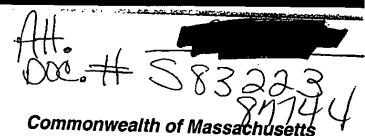
Secretary of State **DOCUMENT #** S83223 04-25-2002 90017 034 ***150.00 1. Entity Name BREAKERS BILLIARDS, INC. 0115 Principal Place of Business Malling Address 2987 ALAFAYA TRAIL 2987 ALAFAYA TRAIL OVIEDO FL 32765 OVIEDO FL 32765 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3086474 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PARKER -PARKER, DANIEL W (Deceased) Street Address (P.O. Box Number is Not Acceptable) ALafaya Trai 2987 ALAFAYA TRAIL OVIEDO FL 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. Vinan C. Parker May 9, 2002 (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. (9/01) ☐ Addition ☐ Change Délete TITLE PARKER, DANIEL W MAME Deceased NAME STREET ADDRESS 3549 SCOUT OAK LOOP STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OVIEDO FL ☐ Change ☐ Addition DILE Delete TITLE CHANGE NAME NAME PARKER, VIVIAN C STREET ADDRESS 3549 SCOUT OAK LOOP STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OVIEDO FL Delete TITLE PRESIDENT PARKER, DREW P NAME NAME STREET ADDRESS 3549 SCOUTOAK LOOP STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OVIEDO FL CHANGE ☐ Change Addition TITLE ☐ Delete TITLE NAME PARKER, DEAN J NAME STREET ADDRESS STREET ADDRESS 3549 SCOUTOAK LOOP Vice PRESIDENT CITY-ST-ZIP CITY-ST-ZIP OVIEDO FL TITLE DORI A. PARKER TITLE Delete NAME NAME 3549 SCOUT OOK LOOP STREET ADDRESS STREET ADDRESS OVI'EDO, FL CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

wan c Parker VIVIAN C. PARKER, Secy april 16,2002

FILED

May 29, 2002 8:00 am





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

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 Scoutoak 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, City Clerk

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