


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

FILED
Apr 23, 2003 8:00 am
Secretary of State

4/1

04-10-2003 90149 048 ***150.00

DOCUMENT # P02000007960			
1. Entity Name DICK'S WINGS USA, INC.			
Principal Place of Business 12763 CLEAR SPRINGS DRIVE JACKSONVILLE FL 32225		Mailing Address 12763 CLEAR SPRINGS DRIVE JACKSONVILLE FL 32225	
2. Principal Place of Business		3. Mailing Address <i>14476 Dunal Pl</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>103</i>	
City & State		City & State <i>Jacksonville FL</i>	
Zip	Country	Zip	Country
<i>32218</i>		<i>Dunal</i>	
4. FEI Number <i>NA</i>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HILL, DEBRA 1425 CADDELL DRIVE JACKSONVILLE FL 32217		Name: <i>Debra Hill</i> Street Address (P.O. Box Number is Not Acceptable): <i>8810-C Goodby's Exe. Dr.</i> City: <i>Jacksonville</i> FL Zip Code: <i>32217</i>	
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 <i>Mike Rosenberger</i>		DATE <i>3-30-03</i>	
SIGNATURE, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSENBERGER, MICHAEL 12763 CLEAR SPRINGS DRIVE JACKSONVILLE FL 32225	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>14476 Dunal Pl w. #103</i> <i>Jacksonville FL 32217</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE <i>Mike Rosenberger</i>		SIGNATURE REQUIRED <i>Mike Rosenberger</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <i>3-30-03</i> Daytime Phone # <i>904 741 5500</i>	

CFR034 (10/02)