

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90104 043 \*\*\*150.00

**DOCUMENT # K71512**

1. Entity Name

**FRANKIE'S WINGS AND THINGS, INC.**

Principal Place of Business

Mailing Address

**C/O FRANK CALABRESE  
 555 GLEN CHEEK DRIVE  
 CAPE CANAVERAL FL 32920**

**C/O FRANK CALABRESE  
 555 GLEN CHEEK DRIVE  
 CAPE CANAVERAL FL 32920**

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

**59-2941472**

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

**CALABRESE, FRANK  
 555 GLEN CHEEK DRIVE  
 CAPE CANAVERAL FL 32920**

Name

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

City

**FL**

Zip Code

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, 2001 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	DP	<input type="checkbox"/> Delete
NAME	<b>CALABRESE, FRANK</b>	
STREET ADDRESS	<b>540 PARKSIDE AVENUE</b>	
CITY-ST-ZIP	<b>MERRITT ISLAND FL</b>	
TITLE	DC	<input type="checkbox"/> Delete
NAME	<b>CALABRESE, MARYELLEN</b>	
STREET ADDRESS	<b>540 PARKSIDE AVENUE</b>	
CITY-ST-ZIP	<b>MERRITT ISLAND FL</b>	
TITLE	DV	<input type="checkbox"/> Delete
NAME	<b>HALL, MARY CALABRESE</b>	
STREET ADDRESS	<b>530 PARKSIDE AVENUE</b>	
CITY-ST-ZIP	<b>MERRITT ISLAND FL</b>	
TITLE	DV	<input type="checkbox"/> Delete
NAME	<b>FLUGEL, BRIAN</b>	
STREET ADDRESS	<b>1465 SYKES CREEK DRIVE</b>	
CITY-ST-ZIP	<b>MERRITT ISLAND FL</b>	
TITLE	DST	<input type="checkbox"/> Delete
NAME	<b>FLUGEL, ELLEN</b>	
STREET ADDRESS	<b>1465 SYKES CREEK DRIVE</b>	
CITY-ST-ZIP	<b>MERRITT ISLAND FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Ellen Flugel (Ellen Flugel)

4/30/01

321-799-4349

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)