

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91424 029 \*\*\*150.00

**DOCUMENT # K71512**

1. Entity Name  
**FRANKIE'S WINGS AND THINGS, INC.**



Principal Place of Business  
**C/O FRANK CALABRESE  
555 GLEN CHEEK DRIVE  
CAPE CANAVERAL FL 32920**

Mailing Address  
**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**

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:** *Ellen Flugel*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/24/03 321-799-4349**  
Date Daytime Phone #

CR2E034 (10/02)