

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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2941472

Applied For

Not Applicable

Zip

Country

Zip

Country

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. 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 |
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| 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 | | |
| 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: *[Signature]*
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

AV 0196277

CR2E034 (10/02)