

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000012733

1. Entity Name  
HOT WINGS WAG'N, L.L.C.

FILED

01 JUN 13 AM 57

SECRETARY OF  
TALLAHASSEE, FL

Principal Place of Business  
66 CUNA STREET, SUITE A  
ST. AUGUSTINE FL 32084

Mailing Address  
66 CUNA STREET, SUITE A  
ST. AUGUSTINE FL 32084



DO NOT WRITE IN THIS SPACE

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

59-3690303

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BROWN, RONALD W  
66 CUNA STREET, SUITE A  
ST. AUGUSTINE FL 32084

7. Name and Address of New Registered Agent

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

232 Osprey Lane  
City Flagler Beach FL Zip Code 32136

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

DR Bowie  
(NOTE: Registered Agent signature required when reinstating)

May 1, 01  
Date

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

600004423556--6  
-06/18/01--01012--024  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING Member Douglas Bowie 103 Shady Glen Dr. Bluffton, S.C. 29910	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING Member Carolyn Bowie 103 Shady Glen Drive Bluffton, S.C. 29910	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DR Bowie  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

May 1, 01 843-290-3740  
Date Daytime Phone #

CR2E083 (11/00)