

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 27, 2003 8:00 am**  
**Secretary of State**

08-27-2003 90080 016 \*\*\*150.00

0154513 FP

**DOCUMENT # P00000045335**

1. Entity Name

**CHRISTY'S WINGS N THINGS, INC.**



Principal Place of Business

**1688 S. KINGS ROAD  
CALLAHAN FL 32011**

Mailing Address

**1688 S. KINGS ROAD  
CALLAHAN FL 32011**

2. Principal Place of Business

**1668 S. Kings Rd**

3. Mailing Address

**Po Box 1847**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**CALLAHAN FLA.**

City & State

**CALLAHAN FLA.**

Zip

**32011**

Country

**USA**

Zip

**32011**

Country

**USA**

4. FEI Number

**59-3645048**

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

**TALBOTT, PAUL  
5913 NORMANDY BLVD. STE 7  
JACKSONVILLE FL 32205**

7. Name and Address of New Registered Agent

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 \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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

|                |                              |                                 |
|----------------|------------------------------|---------------------------------|
| TITLE          | <b>D</b>                     | <input type="checkbox"/> Delete |
| NAME           | <b>CASE, HELEN M</b>         |                                 |
| STREET ADDRESS | <b>6155 DUNN AVE.</b>        |                                 |
| CITY-ST-ZIP    | <b>JACKSONVILLE FL 32218</b> |                                 |
| TITLE          | <b>D</b>                     | <input type="checkbox"/> Delete |
| NAME           | <b>CHRISTY, MICHAEL G</b>    |                                 |
| STREET ADDRESS | <b>4382 BISMARCK ROAD</b>    |                                 |
| CITY-ST-ZIP    | <b>CALLAHAN FL 32011</b>     |                                 |
| TITLE          | <b>D</b>                     | <input type="checkbox"/> Delete |
| NAME           | <b>CHRISTY, RICHARD J</b>    |                                 |
| STREET ADDRESS | <b>3646 JONAS WAY</b>        |                                 |
| CITY-ST-ZIP    | <b>CALLAHAN FL 32011</b>     |                                 |
| TITLE          | <b>D</b>                     | <input type="checkbox"/> Delete |
| NAME           | <b>FLAIM, MARGARET C</b>     |                                 |
| STREET ADDRESS | <b>6155 DUNN AVE.</b>        |                                 |
| CITY-ST-ZIP    | <b>JACKSONVILLE FL 32218</b> |                                 |
| TITLE          | <b>D</b>                     | <input type="checkbox"/> Delete |
| NAME           | <b>REINSCH, MERRY O</b>      |                                 |
| STREET ADDRESS | <b>17352 WEST BEAVER ST.</b> |                                 |
| CITY-ST-ZIP    | <b>BALDWIN FL 32234</b>      |                                 |
| TITLE          |                              | <input type="checkbox"/> Delete |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| CITY-ST-ZIP    |                              |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |  |   |
|----------------|--|---|
| 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    |  |   |
| 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    |  |   |
| 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:

**Richard J Christy**

**7-20-03**

**904-244-0329**

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

Attachment

80141435

# P0000004 5335

CHRISTY'S WINGS-N-THINGS, INC  
1668 S. KINGS RD  
P.O. BOX 1847  
CALLAHAN, FL 32011

To: Whom It May Concern:  
From: Christy's Wings-N-Things

On July 20, 2003 we received notification for renewal. States the filing fee is \$550.00. This is the only notice we received this year, and we are asking the late fee be waived.

I think the reason for no prior notice is due to the fact that the address is wrong. You have 1688 S Kings Rd, Callahan Fl 32011. When in fact the address is 1668 S. Kings Rd, Callahan, Fl. And the mail carrier does not deliver mail out here,. We have a P.O. Box address which is P.O. Box 1847, Callahan, Fl 32011.

I have corrected it on the application hoping to resolve this for the future correspondence.

Feel free to contact me if needed. Richard Christy @ 904-744-0329

Thank you



Richard J. Christy

I plan to receive  
the notice of the  
expiration of the  
notice of the  
expiration of the  
notice of the

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the notice of the  
expiration of the  
notice of the