

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000065374

1. Entity Name

BUKKETS WINGS & THINGS FRANCHISE CORPORATION

Principal Place of Business

222 OCEAN FRONT
JACKSONVILLE FL 32250

Mailing Address

222 OCEAN FRONT
JACKSONVILLE FL 32250

2. Principal Place of Business

820 Shelter Ave
Suite, Apt. #, etc.

3. Mailing Address

820 Shelter Ave
Suite, Apt. #, etc.

City & State

FL

City & State

Jacksonville, FL 32250

4. FEI Number

69-3661853

Applied For

Not Applicable

Zip 32250

Country

Zip

Country

Jacksonville

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

F & L CORP.
200 LAURA STREET NORTH
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

Name
Clifford Koschnick
Street Address (P.O. Box Number is Not Acceptable)
820 Shelter Ave
City Jacksonville FL Zip Code 32250

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KOSCHNICK, CLIFFORD
222 OCEAN FRONT
JACKSONVILLE FL 32250 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
YATES, CHARLES E
14595 PABLO TERRACE
JACKSONVILLE FL 32224 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GACHES, JOHN W
222 OCEAN FRONT
JACKSONVILLE FL 32250 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90444 038 ***150.00

00045013



DO NOT WRITE IN THIS SPACE

UB10863

CR2E034 (10/00)