

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000065374

FILED
Apr 30, 2002 8:00 AM
Secretary of State

Entity Name: BUKKETS WINGS & THINGS FRANCHISE CORPORATION

Current Principal Place of Business:

820 SHELTER AVE
JACKSONVILLE, FL 32250

New Principal Place of Business:

820 SHETTER AVE
JACKSONVILLE, FL 32250

Current Mailing Address:

820 SHELTER AVE
JACKSONVILLE, FL 32250

New Mailing Address:

820 SHETTER AVE
JACKSONVILLE, FL 32250

FEI Number: 58-3661853

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOSCHNICK, CLIFFORD
820 SHELTER AVE
JACKSONVILLE BEACH, FL 32250 US

Name and Address of New Registered Agent:

KOSCHNICK, CLIFFORD
820 SHETTER AVE
JACKSONVILLE BEACH, FL 32250 US

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: CLIFFORD KOSCHNICK

04/30/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KOSCHNICK, CLIFFORD
Address: 222 OCEAN FRONT
City-St-Zip: JACKSONVILLE, FL 32250

Title: D () Delete
Name: YATES, CHARLES E
Address: 14595 PABLO TERRACE
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLIFFORD KOSCHNICK

D

04/30/2002

Electronic Signature of Signing Officer or Director

Date