

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

01-30-2002 90012 041 ***150.00

DOCUMENT # P01000029703

1. Entity Name

FLYERS WINGS AND GRILL FRANCHISE SYSTEMS INC.

Principal Place of Business

5621 W COLONIAL DR
ORLANDO FL 32808

Mailing Address

5621 W COLONIAL DR
ORLANDO FL 32808

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

30-0057957

☒ Applied For☐ Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MATTIOLI, FRANK3370 HORSE SHOE BEND CT
LONGWOOD FL 32779

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.

SIGNATURE

Frank Mattioli

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

(NOTE: Registered Agent signature required when reinstating)

01-14-02

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MATTIOLI, FRANK	
STREET ADDRESS	3370 HORSESHOE BEND CT	
CITY-ST-ZIP	LONGWOOD FL 32779	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

12. 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
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Frank Mattioli

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

Attachment
Doc. # P0100002703Internal
Revenue
Service**Employer Identification
Number (EIN) Cover Sheet**

Date

3/27/2002

No. of pages (including
this one) 1

Cincinnati Accounts Management Center (CAMC)

FAX: 859-669-5760**Phone: 800-829-1040**

To

JOSEHP UTCHEL

From

MIKE HOPKINS
17-53193

FAX

407-834-4539

Phone

ATTENTION

Name of Entity

FLYERS WINGS AND GRILL FRANCHISE SYSTEMS INC

EIN

30-0057957

Name of Entity

EIN

Name of Entity

EIN

Please see the following letter regarding missing or incorrect information on your
Form SS-4, Application for a Federal Employer Identification Number (EIN).

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