FILED
Jun 03, 2003 8:00 am
Secretary of State
05-02-2003 90128 018 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000109271

1. Entity Name
FAST BOYS WINGS FRANCHISE SYSTEM, INC.

10-28-02

55046015

CHECK HERE IF MAKING CHANGES

Principal Place of Business	Mailing Address
12220 ATLANTIC BLVD., STE. 108 JACKSONVILLE, FL 32225	12220 ATLANTIC BLVD., STE. 108 JACKSONVILLE, FL 32225

2. Principal Place of Business	3. Mailing Address
2727 St. Johns Bluff RDS	2727 St. Johns Bluff RDS
Suite, Apt. #, etc.: Suite 203	Suite, Apt. #, etc.: Suite 203
City & State: Jacksonville, FL	City & State: Jacksonville Fl
Zip: 32246 Country: USA	Zip: 32246 Country: USA

4. FEI Number 41 2042281 — [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KELLY, TIMOTHY PA 1016 LASALLE ST. JACKSONVILLE, FL 32207	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SOURDIFF, KULLEN T 12220 ATLANTIC BLVD., STE. 108 JACKSONVILLE, FL 32225	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NICHOLS, PHOTIS 13641 SHIPWATCH DR. JACKSONVILLE, FL 32226	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KELLY, TIMOTHY PA 1016 LASALLE ST. JACKSONVILLE, FL 32207	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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: Kullen Sourdiff 5/29 904-722-9464
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #