

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

4/1

04-10-2003 90149 048 ***150.00

DOCUMENT # P02000007960

1. Entity Name
DICK'S WINGS USA, INC.



Principal Place of Business
**12763 CLEAR SPRINGS DRIVE
JACKSONVILLE FL 32225**

Mailing Address
**12763 CLEAR SPRINGS DRIVE
JACKSONVILLE FL 32225**



2. Principal Place of Business

3. Mailing Address

14476 Dunwoody Pl

Suite, Apt. #, etc.

Suite, Apt. #, etc.

103

City & State

City & State

Jacksonville FL

Zip

Country

Zip

Country

32218

Dunwoody

4. FEI Number

NA

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

**HILL, DEBRA
1425 CADDELL DRIVE
JACKSONVILLE FL 32217**

7. Name and Address of New Registered Agent

Name

Debra Hill

Street Address (P.O. Box Number is Not Acceptable)

8810-C Goodby's Exe. Dr.

City

Jacksonville

FL

Zip Code

32217

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

Mike Rosenberg

Mike Rosenberg

3-30-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE **D** ☐ Delete
NAME **ROSENBERGER, MICHAEL**
STREET ADDRESS **12763 CLEAR SPRINGS DRIVE**
CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **14476 Dunwoody Pl W. #103**
CITY-ST-ZIP **JACKSONVILLE FL 32218**

☐ 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
TITLE
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

Mike Rosenberg

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-30-03

Daytime Phone #

904 741 5500

CR2E034 (10/02)