

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 03, 2002 8:00 am**  
**Secretary of State**

09-03-2002 90170 015 \*\*\*150.00

**DOCUMENT # P97000075933**

1. Entity Name  
**CHOWDHURY & HINES CHICKEN, INC.**

Principal Place of Business

**114 SW 34TH ST  
 GAINESVILLE FL 32607  
 US**

Mailing Address

**31 TOWNLINE RD  
 WETHERSFIELD CT 06109  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**06-1496337**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

**DELANEY, PHILIP A  
 3426 N.W. 43RD STREET  
 SUITE B  
 GAINESVILLE FL 32606**

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

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **HINES, DAVID**  
 CITY-ST-ZIP **31 TOWN LINE ROAD**  
**WETHERSFIELD CT 06109**

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

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **CHOWDHURY, LOKMAN**  
 CITY-ST-ZIP **31 TOWN LINE ROAD**  
**WETHERSFIELD CT 06109**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*David Hines*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8-26-02**

Date

**860-563-8141**

Daytime Phone #

CR2E034 (9/01)



Attachment  
Doc. # P97000075933  
972934

August 21, 2002

State of Florida  
Division Of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: Chowdhury & Hines Chicken, Inc./ Filing Document Number P97000075933  
Form- 2002

To Whom It May Concern:

As instructed by members of the division of corporations the above corporation is attaching this request to its 2002 Uniform Business report. The corporation is in good standing and has complied with all state filings on a timely manner. The corporation has enclosed the required fee of \$150.00 due with the above new report. As instructed by members of the department the corporation the above named corporation respectfully requests the division waive any further fees or penalties for the filing of the 2002 report due to clarification on the new form's filing requirements.

Very truly yours

Douglas J. Farrington