

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90743 035 \*\*\*150.00

DOCUMENT # P97000075933

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

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**114 SW 34TH STREET**  
Suite, Apt. #, etc.

3. Mailing Address  
**31 TOWNLINE ROAD**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**GAINESVILLE, FL**

City & State  
**WETHERSFIELD, CT**

4. FEI Number  
**06-1496337**  
Applied For  
Not Applicable

Zip Country  
**32607**

Zip Country  
**06109**

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

**DO NOT WRITE  
IN THIS SPACE**

## 7. Name and Address of Current Registered Agent

Name  
**DELANEY, PHILIP A.**  
Street Address (P.O. Box Number is Not Acceptable)  
**3426 N.W. 43RD STREET**  
**SUITE B**  
City  
**GAINESVILLE FL** Zip Code  
**32606**

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

Signature, typed or printed of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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  
NAME **HINES, DAVID**  
STREET ADDRESS **31 TOWNLINE ROAD**  
CITY-ST-ZIP **WETHERSFIELD, CT 06109**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME **CHOWDHURY, LOKMAN**  
STREET ADDRESS **31 TOWNLINE ROAD**  
CITY-ST-ZIP **WETHERSFIELD, CT 06109**

TITLE  
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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 on an attachment with an address with all other like empowered.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**LOKMAN C. CHOWDHURY**  
Date **4/29/04** Daytime Phone # **352-258-3777**