

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000099879

1. Entity Name  
K & B WINGS, INC.

Principal Place of Business  
17709 SIMMS RD.  
ODESSA FL 33556

Mailing Address  
17709 SIMMS RD.  
ODESSA FL 33556

2. Principal Place of Business

Boat O' Brady's  
Suite, Apt. #, etc.

3130 Tampa Road #11  
City & State

Oldsmar FL

Zip 34677 Country USA

3. Mailing Address

Boat O' Brady's  
Suite, Apt. #, etc.

3130 Tampa Road #11  
City & State

Oldsmar FL

Zip 34677 Country U.S.A

4. FEI Number 59-3616573

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

HALL, W. CRAIG  
4830 WEST KENNEDY BLVD., STE. 750  
TAMPA FL 33609

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, 2001 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

TITLE PD  
NAME HESSION, BRIAN  
STREET ADDRESS 17709 SIMMS RD.  
CITY-ST-ZIP ODESSA FL 33556 ☐ Delete

TITLE SD  
NAME SLOWEY, STEVEN W  
STREET ADDRESS 310 NEW LONDON CT.  
CITY-ST-ZIP BRANDON FL 33511 ☐ Delete

TITLE Manager  
NAME Hyde, Lori  
STREET ADDRESS 5231 Eus Florida Via  
CITY-ST-ZIP New Port Richey FL 34855 ☐ Delete

TITLE Manager  
NAME Connor, Matthew  
STREET ADDRESS 1326 Osprey Lane  
CITY-ST-ZIP Lutz, FL 33549 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Signature and typed or printed name of signing officer or director  
Steven W. Slowey 8-7-01 948-2851  
Daytime Phone #

FILED  
Sep 05, 2001 8:00 am  
Secretary of State

08-20-2001 90076 018 \*\*\*150.00  
09-05-2001 90004 005 \*\*\*400.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)