

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90097 028 \*\*\*150.00

**DOCUMENT # P99000099879**

**1. Entity Name**  
**K & B WINGS, INC.**

**Principal Place of Business**

**BEEF O' BRADY'S**  
**3130 TAMPA ROAD # 11**  
**OLDSMAR FL 34677**

**Mailing Address**

**BEEF O' BRADY'S**  
**3130 TAMPA ROAD # 11**  
**OLDSMAR FL 34677**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number**

**59-3616573**

Applied For  
 Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional Fee Required**

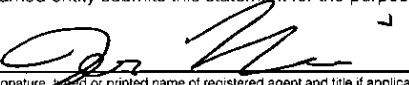
**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

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

Name  
**JAMES MARCOT**  
 Street Address (P.O. Box Number is Not Acceptable)  
**108 COMMERCIAL WAY**  
 City **SPRING HILL** FL Zip Code **34606**

**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

**1/11/02**

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

TITLE **P.D** ☐ Change ☒ Addition  
 NAME **ROBERT SZATKOWSKI**  
 STREET ADDRESS **3617 TENFORD CT.**  
 CITY-ST-ZIP **SPRING HILL, FL 34606**

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

TITLE **V.P. D** ☐ Change ☒ Addition  
 NAME **MARY SZATKOWSKI**  
 STREET ADDRESS **3617 TENFORD CT**  
 CITY-ST-ZIP **SPRING HILL, FL 34606**

TITLE **M** ☒ Delete  
 NAME **HYDE, LORI**  
 STREET ADDRESS **5231 LAS FLORAS VIA**  
 CITY-ST-ZIP **NEW PORT RICHEY FL 34655**

TITLE **S/P D** ☐ Change ☒ Addition  
 NAME **FRANCIS SZATKOWSKI**  
 STREET ADDRESS **8517 TENFORD CT.**  
 CITY-ST-ZIP **SPRING HILL, FL 34608**

TITLE **M** ☒ Delete  
 NAME **CONNOR, MATTHEW**  
 STREET ADDRESS **1726 OSPREY LANE**  
 CITY-ST-ZIP **LUTZ FL 33549**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 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:**

  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)