

2/2

FILED
May 21, 2002 8:00 am
Secretary of State

02-20-2002 90081 009 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **500625**

Entity Name
NATIONAL SUB SHOPS, INC.

Principal Place of Business Mailing Address
7711 BROKEN ARROW TRAIL **7711 BROKEN ARROW TRAIL**
WINTER PARK FL 32792 **WINTER PARK FL 32792**

SAME



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3. Mailing Address
7711 BROKEN ARROW TR Suite, Apt. #, etc.

City & State City & State
WINTER PARK, FL Zip Country
32792 **ORANGE**

4. FEI Number Applied For
59-1681941 Not Applicable

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

6. Name and Address of Current Registered Agent
KAMNER, LOUIS J.
7711 BROKEN ARROW TRAIL
WINTER PARK FL 32792

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 **LOUIS J. KAMNER** DATE

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	
TITLE PVP	KAMNER, LOUIS (PRESIDENT) <input type="checkbox"/> Delete
NAME	7711 BROKEN ARROW TRAIL
STREET ADDRESS	WINTER PARK FL 32792
CITY-STATE-ZIP	
TITLE	GREG R KAMNER (VICE PRES) <input type="checkbox"/> Delete
NAME	9919 NICOMA LANE
STREET ADDRESS	ORLAND, FL 32817
CITY-STATE-ZIP	
TITLE	MILDRED H KAMNER (PRES) <input type="checkbox"/> Delete
NAME	7711 BROKEN ARROW TR
STREET ADDRESS	WINTER PARK, FL 32792
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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: **Louis J. Kamner** Date **2/6/02** Daytime Phone # **407.671.1128**

CR2E034 (9/01)