

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90190 033 ***150.00

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DOCUMENT # G00560

1. Entity Name
SUBWAY MANAGEMENT, INC.



Principal Place of Business
3300 S.E. 22ND AVENUE 1128 SE 95 St
OCALA FL 34471 34480
US

Mailing Address
3300 S.E. 22ND AVENUE 1128 SE 95 St
OCALA FL 34471 34480
US



2. Principal Place of Business
1128 SE 95 St
Suite, Apt. #, etc.

3. Mailing Address
1128 SE 95 St
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Ocala FL

Zip
34480

Country
USA

4. FEI Number
59-2208034

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
DIPASQUA, DONNA
3300 S.E. 22ND AVENUE 1128 SE 95 St
OCALA FL 34471 34480

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 NAME STREET ADDRESS CITY-ST-ZIP	PVS DIPASQUA, DONNA 1128 SE 95 St 3300 SE 22ND AVE 34480 OCALA FL 34471	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STILL, ROBERT W 4350 NW 100 PL OCALA FL 34482	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	1128 SE 95 St Ocala FL 34480	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Donna Di Pasqua* **4-1-03** **352-368-3792**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)