

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000047190

1. Entity Name  
FIREHOUSE SUBS, INC.



FILED

03 MAY 13 AM 11:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
10131-8 SAN JOSE BLVD.  
JACKSONVILLE FL 32257  
US

Mailing Address  
3410 KORI RD.  
JACKSONVILLE FL 32257  
US

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 59-3250314

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SORENSEN, CHRIS  
FIREHOUSE SUBS HEADQUARTERS  
3410 KORI RD.  
JACKSONVILLE FL 32257

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

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME SORENSEN, ROBIN  
STREET ADDRESS 10131-9 SAN JOSE BOULEVARD  
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☒ Change ☐ Addition  
NAME 3410 KORI ROAD  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP ☐ Delete  
NAME SORENSEN, CHRIS  
STREET ADDRESS 10131-9 SAN JOSE BOULEVARD  
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☒ Change ☐ Addition  
NAME 3410 KORI ROAD  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T ☐ Delete  
NAME JOOST, STEPHEN  
STREET ADDRESS 3410 KORI RD  
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE ☐ Change ☐ Addition  
NAME 100019836741  
STREET ADDRESS 05/23/03--01020--010 \*\*200.00  
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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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: \_\_\_\_\_

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-03 904 886 8300

Date Daytime Phone #

CR2E034 (10/02)