

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 11, 2002 8:00 am**  
**Secretary of State**

09-11-2002 90113 001 \*8,800.00

**DOCUMENT # G08469**

1. Entity Name  
**MATCO SUBWAY, INC.**

Principal Place of Business  
**949 ARLINGTON RD.  
 JACKSONVILLE FL 32211**

Mailing Address  
**1030 UNIVERSITY BLVD. NO.  
 JACKSONVILLE FL 32211**

**99120**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2243066**

Applied For  
 Not Applicable

Zip Country Zip Country

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**

**FRANCO, PHILIP H.  
 1030 UNIVERSITY BLVD. NO.  
 JACKSONVILLE FL 32211**

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 \_\_\_\_\_ (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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>FRANCO, PHILIP H.</b>	
STREET ADDRESS	<b>1030 UNIVERSITY BLVD. NO.</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32211</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>ADAMS, WALTER E</b>	
STREET ADDRESS	<b>2522 FARRIER LANE</b>	
CITY-ST-ZIP	<b>RESTON VA 22091</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>FRANCO, FRED C</b>	
STREET ADDRESS	<b>1601 ARROWHEAD TRAIL</b>	
CITY-ST-ZIP	<b>BLUE SPRINGS MO 64015</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>6939 Riversedge St. Circle</b>	
CITY-ST-ZIP	<b>Bradenton, FL 34202</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:** Philip H. Franco **H. Franco** 9-11-02 904-743-8684  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)