## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED DOCUMENT # J24881** Feb 29, 2000 8:00 am 1. Entity Name **Secretary of State** BLANDING SUBWAY, INC. 02-29-2000 90069 001 \*2,400.00 Principal Place of Business Mailing Address 1030 UNIVERSITY BLVD. NO. 950-9 BLANDING BLVD ORANGE PARK FL 32065 JACKSONVILLE FL 32211-5532 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2709266 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FRANCO, PHILIP H. Street Address (P.O. Box Number is Not Acceptable) 1030 UNIVERSITY BLVD. NO. JACKSONVILLE FL 32211 Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Change ☐ Delete TITLE TITLE. FRANCO, PHILIP H. NAME STREET ADDRESS 1030 UNIVERSITY BLVD. NO. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE ADAMS, WALTER NAME NAME STREET ADDRESS 2522 FARRIER LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP RESTON VA 22091 Change Addition TITLE ☐ Delete TITLE FRANCO, FRED NAME NAME STREET ADDRESS 1601 ARROWHEAD TRAIL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BLUE SPRINGS MO 64015** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME STREET ADDRESS 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:

CITY-ST-ZIP