

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 17, 2002 8:00 am**  
**Secretary of State**

01-17-2002 90002 049 \*\*\*150.00

**DOCUMENT # J91281**

1. Entity Name

**SUBS NEW HAVEN, INC.**

Principal Place of Business

**3048 W. NEW HAVEN AVE.  
W.MELBOURNE FL 32904**

Mailing Address

**832 CARRIAGE HILL RD  
MELBOURNE FL 32940-6414  
US**



2. Principal Place of Business

3. Mailing Address

**1166 WILD FLOWER DR.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MELBOURNE, FL**

4. FEI Number

**59-2854055**

Applied For

Not Applicable

Zip

Country

Zip

Country

**32940**

**USA**

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

**CORBETT, KOSTER**

**832 CARRIAGE HILL RD**

**MELBOURNE FL 32940-6414**

Name

Street Address (P.O. Box Number is Not Acceptable)

**1166 WILD FLOWER DRIVE**

City

**MELBOURNE**

**FL**

Zip Code

**32940**

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: *K Corbett*

*KOSTER CORBETT*

*1-8-2002*

Signature, typed or printed name of registered agent and title if applicable.

(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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **ST** ☐ Delete  
NAME **CORBETT, KOSTER**  
STREET ADDRESS **832 CARRIAGE HILL RD.**  
CITY-ST-ZIP **MELBOURNE FL 32940-6414**

TITLE ☐ Change ☐ Addition  
NAME **1166 WILD FLOWER DRIVE**  
STREET ADDRESS **MELBOURNE, FL 32940**  
CITY-ST-ZIP

TITLE **P** ☐ Delete  
NAME **MYRNA F. CORBETT**  
STREET ADDRESS **832 CARRIAGE HILL RD**  
CITY-ST-ZIP **MELBOURNE FL 32940-6414**

TITLE ☐ Change ☐ Addition  
NAME **1166 WILD FLOWER DR.**  
STREET ADDRESS **MELBOURNE, FL 32940**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
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CITY-ST-ZIP

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TITLE ☐ Change ☐ 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: *K Corbett*

*KOSTER CORBETT 1-8-2002 321-253-6203*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)