FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Feb 19, 2001 8:00 am **DOCUMENT # K23643 Secretary of State** 1. Entity Name JONES SUBWAY ENTERPRISES #3545, INC. 02-19-2001 90013 050 ***150.00 Principal Place of Business Mailing Address 13078 CORTEZ BLVD 11218 SPRING HILL DR SPRING HILL FL 34608 SPRING HILL FL 34609 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2908865 Not Applicable Zip Country Zip Country \$8.75 Additional Certificate of Status Desired Fee Required. 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JONES, KEITH L. Street Address (P.O. Box Number is Not Acceptable) 2296 FAYSON LANE SPRING HILL FL 34609 City 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. 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, 2001 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 11. OFFICERS AND DIRECTORS 12. DΡ CR2E034 (10/00) ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME Jones, Keith L. NAME STREET ADDRESS STREET ADDRESS 2296 FAYSON LANE CITY-ST-ZIP CITY-ST-ZIP SPRING HILL FL □ Change ☐ Addition TITLE Delete TITLE NORMAN, DONELLA M NAME NAME STREET ADDRESS STREET ADDRESS 3467 CHARMWOOD AVE CITY-ST-ZIP CITY-ST-ZIF SPRING HILL FL 34609 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: Donelle M. Morman Donella M. Norman 1-19-01 (\$50) 686-1040