

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90485 001 \*\*\*300.00

**DOCUMENT # K92991**

1. Entity Name  
**SUBWAY MANAGEMENT LEASING CORP.**

Principal Place of Business  
**1117 S.E. AIROSO BLVD.  
PORT ST. LUCIE FL 34983-2552**

Mailing Address  
**P O BOX 3201  
STUART FL 34995**

2. Principal Place of Business  
**839 S. Federal Hwy.**  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 3201**  
Suite, Apt. #, etc.

City & State  
**STUART FL.**  
Zip  
**34994**  
Country  
**USA**

City & State  
**STUART FL.**  
Zip  
**34995**  
Country  
**USA**

4. FEI Number  
**59-2603048**

Applied For  
☐ Not Applicable

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

## 6. Name and Address of Current Registered Agent

**RUFO, FERDINAND  
1117 S.E. AIROSO BLVD.  
PORT ST. LUCIE FL 34952**

## 7. Name and Address of New Registered Agent

Name  
**MICHAEL J. MEAD**  
Street Address (P.O. Box Number is Not Acceptable)  
**839 S. FEDERAL HWY**  
City  
**STUART** **FL** Zip Code  
**34994**

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  **MICHAEL J. MEAD** **4/12/02**  
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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	MEAD, MICHAEL J.	P.O. BOX 3201 N/A	STUART FL	<input type="checkbox"/>
VP	RUFO, FERDIANAND	1117 SE AIROSO BLVD	PORT ST. LUCIE FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:  **MJ. MEAD**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/12/02 (561) 287-1510**  
Date Daytime Phone #

CR2E034 (9/01)