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2002 Uniform Business Report (UBR)

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SIGNATURE:

Apr 11, 2002 8:00 am Secretary of State DOCUMENT # _29039 1. Entity Name 04-11-2002 90044 021 ***150.00 GULF BREEZE SUBWAY, INC. Principal Place of Business Mailing Address % ALBERT A. MCEACHERN % ALBERT A. MCEACHERN 213-B GULF BREEZE PKWY 213-B GULF BREEZE PKWY GULF BREEZE FL 32561 GULF BREEZE FL 32561 . . 2. Principal Place of Business 3. Mailing Address BreezeLane *1525* Ocean Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 59-2971276 Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MCEARCHERN, ALBERT A. Street Address (P.O. Box Number is Not Acceptable) 213-B GULF BREEZE PKWY **GULF BREEZE FL 32561** 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) 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, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ☐ Addition TITLE IDPS ☐ Delete TITLE Change NAME MCEACHERN, ALBERT A. NAME STREET ADDRESS STREET ADDRESS 1525 OCEAN BREEZE LANE GULF BREEZE FL 32561 CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE DTV NAME MCEACHERN, CAROLE NAME STREET ADDRESS STREET ADDRESS 1525 OCEAN BREEZE LANE CITY-ST-7IP CITY-ST-ZIP GULF BREEZE FL 32561 Change ---- Addition TITLE - Delete --TITLE ---NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 138 ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete 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

Date

Daytime Phone #