## **2000 UNIFORM BUSINESS REPORT (UBR)**

## **FILED** DOCUMENT # **L62758** Apr 22, 2000 8:00 am Secretary of State FLORIDA WEST SANDWICH SHOPS, INC. 04-22-2000 90127 014 \*\*\*150.00 Mailing Address Principal Place of Business 2102 W. BRANDON BLVD. 2102 W. BRANDON BLVD. BRANDON FL 33511-4704 BRANDON FL: 33511 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3006104 Not Applicable Country \$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 KROLL, KENNETH A. Street Address (P.O. Box Number is Not Acceptable) 2102 W. BRANDON BLVD **BRANDON FL 33511** Zip Code City FI 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 DATE 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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) $\Box$ Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. SD ☐ Change Addition TITLE ☐ Delete TITLE KROLL, CATHY NAME NAME STREET ADDRESS STREET ADDRESS 1511 S. BAYVILLA PL. CITY-ST-ZIP TAMPA FL CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE KROLL, KENNETH A. NAME STREET ADDRESS STREET ADDRESS 1511 S. BAYVILLA PL. CITY-ST-ZIP CITY-ST-ZIP TAMPA FL Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition ☐ 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-7IP

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 true 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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