

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # L98000001076

1. Entity Name

FIREHOUSE SUBS OF ARKANSAS #1, L.C.

00 MAY 23 AM 7:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

9850-5 SAN JOSE BOULEVARD
JACKSONVILLE FL 32257

Mailing Address

9850-5 SAN JOSE BOULEVARD
JACKSONVILLE FL 32257-5495



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3410 Kori Rd.
Suite, Apt. #, etc.

3. Mailing Address

3410 Kori Rd.
Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

59-3521799

Applied For

Not Applicable

Zip

32257

Country

USA

Zip

32257

Country

USA

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FIREHOUSE OF ARKANSAS, INC.
9850-5 SAN JOSE BOULEVARD
JACKSONVILLE FL 32257

7. Name and Address of New Registered Agent

Name: Firehouse of Arkansas, Inc.

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

3410 Kori Rd.

City: Jacksonville, FL

Zip Code: 32257

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 \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE: MGRM
NAME: FIREHOUSE OF ARKANSAS, INC.
STREET ADDRESS: 9850-5 SAN JOSE BOULEVARD
CITY-ST-ZIP: JACKSONVILLE FL 32257 ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
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CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

10. ADDITIONS/CHANGES

TITLE: Firehouse of Arkansas, Inc. ☒ Change ☐ Addition
NAME: 3410 Kori Rd.
STREET ADDRESS: Jacksonville, FL 32257

TITLE: Mrs. Robin Sorenson ☐ Change ☐ Addition
NAME: 3410 Kori Rd.
STREET ADDRESS: Jacksonville, FL 32257

TITLE: ☐ Change ☐ Addition
NAME: 800003287698-1
STREET ADDRESS: -06/13/00--01090--011
CITY-ST-ZIP: *****50:00 *****50:00

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

5/1/00

Date

(904) 886-8300

Daytime Phone #

CR2E083 (9/99)