

1/29.  
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**FILED**  
**Aug 10, 2001 8:00 am**  
**Secretary of State**

07-25-2001 90011 030 \*\*\*550.00  
01-29-2001 90012 042 \*\*\*150.00

## 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # P00000049740**

1. Entity Name

**P.E.G. OF CHARLOTTE COUNTY, INC.**

*OK*

Principal Place of Business

**4265-C TAMiami TRAIL  
PORT CHARLOTTE FL 33952**

Mailing Address

**4265-C TAMiami TRAIL  
PORT CHARLOTTE FL 33952**

- 77342



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**051026776**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**GREAVES, PHILLIP E  
4265-C TAMiami TRAIL  
PORT CHARLOTTE FL 33952**

Name

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

City

**FL**

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

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 \$550.00  
After September 12, 2001 Fee will be \$750.00  
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  
**D  
GREAVES, PHILLIP E  
282 PARAMARIBO ST  
PUNTA GORDA FL 33983** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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:

**PHILLIP E GREAVES**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**07/18/01 (941) 629-3800**  
Date Daytime Phone #

CR2E034 (5/01)

SUBWAY  
4265-C TAMiami TRAIL  
PORT CHARLOTTE, FL 33980  
PH. 941-629-3800

DATE 01/19/01

1296

PAY  
TO THE  
ORDER OF

DIVISION OF CORPORATIONS Dep of State

\$ 150.00/100

One hundred and fifty

DOLLARS



Port Charlotte #500  
Wal-Mart Supercenter  
19100 Alward Circle  
Port Charlotte, FL 33948

FOR

*[Signature]*

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010192710 01-31-01

BANK OF AMERICA, NA JAX  
0630000474 E2503 96 P35  
01/30/01

DEPARTMENT OF STATE

JAN 25 2001

ACCT # 1009068796  
1146 65941

FOR DEPOSIT ONLY

PAID  
01/19/01