

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90305 016 ***150.00

DOCUMENT # P00000060892

1. Entity Name
BIG SANDWICH, INC.

Principal Place of Business

**2033 MAIN STREET
 SUITE 100
 SARASOTA FL 34237**

Mailing Address

**2033 MAIN STREET
 SUITE 100
 SARASOTA FL 34237**

2. Principal Place of Business

6616 Superior Ave
 Suite, Apt. #, etc.

3. Mailing Address

6616 Superior Ave
 Suite, Apt. #, etc.

City & State

SARASOTA FLA

City & State

SARASOTA FLA

4. FEI Number

65-1022725

Applied For

Not Applicable

Zip

34231

Country

USA

Zip

34231

Country

USA

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

6. Name and Address of Current Registered Agent

**FRIEDLAND, RALPH L ESQ.
 2033 MAIN STREET
 SUITE 100
 SARASOTA FL 34237**

7. Name and Address of New Registered Agent

Name **J. PETER MORGAN**

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

6616 Superior Ave

City

SARASOTA

FL

Zip Code **34231**

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

J. Peter Morgan

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4.17.02

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 **PD** ☐ Delete
 NAME **MORGAN, J. PETER**
 STREET ADDRESS **3354 BAYOU GATE**
 CITY-ST-ZIP **LONGBOAT KEY FL 34228**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

J. Peter Morgan
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4.17.02 (941) 927-3838

CR2E034 (9/01)