2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000102512

Entity Name: SUBWAY OF LAKE BUTLER, INC

FILED Jan 29, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

715 EAST MAIN STREET
LAKE BUTLER, FL 32054
715 EAST MAIN STREET
LAKE BUTLER, FL 32054 US

Current Mailing Address: New Mailing Address:

715 EAST MAIN STREET ROUTE 12 BOX 273B
LAKE BUTLER, FL 32054 SE MOHAWK WAY
LAKE CITY, FL 32025 US

FEI Number: 59-3673144 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HETRICK, CHRISTOPHER M
ROUTE 12, BOX 273B
LAKE CITY, FL 32025 US
HETRICK, MONTA M
ROUTE 12 BOX 273B
SE MOHAWK WAY
LAKE CITY, FL 32025 US

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: MONTA M HETRICK 01/29/2003

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition
Name: HETRICK, MONTA Name: HETRICK, MONTA M
Address: POLITE 13, POX 273P

 Address:
 ROUTE 12, BOX 273B
 Address:
 ROUTE 12 BOX 273B

 City-St-Zip:
 LAKE CITY, FL 32025
 City-St-Zip:
 LAKE CITY, FL 32025 US

Title: V () Delete Title: V (X) Change () Addition Name: HETRICK, RITA M Name: HETRICK, RITA M

 Name:
 HETRICK, RITA M
 Name:
 HETRICK, RITA M

 Address:
 ROUTE 12, BOX 298
 Address:
 ROUTE 12 BOX 298

 City-St-Zip:
 LAKE CITY, FL 32025
 City-St-Zip:
 LAKE CITY, FL 32025 US

Title: Title: () Delete (X) Change () Addition HETRICK, CHRISTOPHER M Name: HETRICK, CHRISTOPHER M Name: **ROUTE 12. BOX 273B** ROUTE 12 BOX 273B Address: Address: City-St-Zip: LAKE CITY, FL 32025 City-St-Zip: LAKE CITY, FL 32025 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MONTA M HETRICK PRES 01/29/2003