

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90485 002 \*\*\*150.00

**DOCUMENT # P01000013054**

**1. Entity Name**  
**NORTH PALM BEACH SUBWAY, INC.**



**Principal Place of Business**  
**7473 N 4 ST**  
**PLANTATION FL 33317**

**Mailing Address**  
**7473 N 4 ST**  
**PLANTATION FL 33317**



**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** **65-1073066**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**KOLTNOW, H ROBERT**  
**7473 N 4 ST**  
**PLANTATION FL 33317**

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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** *[Signature]* **MR KOLTNOW VSTD**

(NOTE: Registered Agent signature required when reinstating)

**DATE** **3/12/03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **PD** ☒ Delete  
**NAME** **KOLTNOW, WILLIAM J**  
**STREET ADDRESS** **2301 S CONGRESS AVE, APT 212**  
**CITY-ST-ZIP** **BOYNTON BEACH FL 33426**

**TITLE** **PD** ☒ Change ☐ Addition  
**NAME** **KOLTNOW, WILLIAM J.**  
**STREET ADDRESS** **3427-34th way**  
**CITY-ST-ZIP** **West Palm Beach, FL 33409**

**TITLE** **VSTD** ☐ Delete  
**NAME** **KOLTNOW, H ROBERT**  
**STREET ADDRESS** **7473 N 4 ST**  
**CITY-ST-ZIP** **PLANTATION FL 33317**

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

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

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

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

*[Signature]* **MR KOLTNOW VSTD**

**3/12/03**

**954-581-5262**

Date

Daytime Phone #

CR2E034 (10/02)