FILED Jun 03, 2002 8:00 am

👊 2002 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receiver or trustechanged, or on an attachment with an add

SIGNATURE:

Secretary of State P01000097251 DOCUMENT # 05-12-2002 90831 001 ***300.00 1. Entity Name SW SUBWAY CORPORATION Principal Place of Business Mailing Address 2626 E TAMIAMI TR STE 3 2626 E TAMIAMI TR STE 3. NAPLES FL 34112 NAPLES FL 34112 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State Appled Not Applicable Zip Ζip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Candito , Josepj Jr Street Address (P.O. Box Number is Not Acceptable) 2626 E TAMIAMI TR STE 3 NAPLES FL 34112 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 rainstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS (9/01) ☐ Change Addition TITLE ☐ Delete TITLE CANDITO, JOSEPH JR NAME NAME 20000 SANDPIPER ST STREET ADDRESS STREET ADDRESS NAPLES FL 34102 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITE $\Pi\Pi \mathcal{E}$ LIBREROS, LUIS NAME NAME 1166 HANDCOCK BRIDGE S BLVD APT 101 STREET ADDRESS STREET ADDRESS NORTH FT MYERS FL 33903 CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE LIBREROS, LUZ A = NAME 1166 HANDCOCK BRIDGE S BLVD APT 101 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NORTH FT MYERS FL 33903 CITY-ST-ZIP Patricia condito ☐ Delete TITLE NAME NAME 2000 SANDIPER ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Dalete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if