2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000050250

Entity Name: ELLISVILLE SUBWAY, INC.

FILED Jan 29, 2003 Secretary of State

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

RT 2 BOX 6011 RT 2 BOX 6011 LAKE CITY, FL 32024 HWY 441 S & I-75

LAKE CITY, FL 32024 US

Current Mailing Address: New Mailing Address:

RT 2 BOX 6011 RT 12 BOX 273B LAKE CITY, FL 32024 SE MOHAWK WAY

LAKE CITY, FL 32025 US

FEI Number: 03-0451906 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:

NORRIS, GUY W HETRICK, MONTA M PRES
... ROUTE 12 BOX 273B
., FL US 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:

 Title:
 D
 () Delete

 Name:
 HETRICK, MONTA

 Address:
 RT 12 BOX 273-B

 City-St-Zip:
 LAKE CITY, FL 32025

Title: D () Delete
Name: HETRICK, CHRISTOPHER

Address: RT 12 BOX 273-B
City-St-Zip: LAKE CITY, FL 32025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,T (X) Change () Addition

 Name:
 HETRICK, MONTA M

 Address:
 RT 12 BOX 273B

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

 $\begin{array}{lll} \mbox{Title:} & \mbox{V,S} & \mbox{(X) Change () Addition} \\ \mbox{Name:} & \mbox{HETRICK, CHRISTOPHER M} \\ \end{array}$

Address: RT 12 BOX 273B 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