

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90369 010 ***150.00

DOCUMENT # **P02000087414**

1. Entity Name **Soul Provider Inc.**
DBA / Firehouse Subs Killearn

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3491-S Thomasville Rd.

3. Mailing Address

3491-S Thomasville Rd.

Suite, Apt. #, etc.

#5

Suite, Apt. #, etc.

#5

DO NOT WRITE IN THIS SPACE

City & State

Tallahassee, FL

City & State

Tallahassee, FL

4. FEI Number

47-0883137

Applied For

☒ Not Applicable

Zip

32309

Country

LEON

Zip

32309

Country

LEON

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Florence Gayle Quinn, Sec.

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

659 Earls Slough Ct.

City

Tallahassee

FL

Zip Code

32312

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

Florence Gayle Quinn

Florence Gayle Quinn

4-30-03

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

(NOTE: Registered Agent signature required when registering.)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 **P**
NAME **Charles Larry Quinn, Jr.**
STREET ADDRESS **659 Earls Slough Ct.**
CITY-ST-ZIP **Tallahassee, FL 32312**

TITLE **Sec.**
NAME **Florence Gayle Quinn**
STREET ADDRESS **659 Earls Slough Ct.**
CITY-ST-ZIP **Tallahassee, FL 32312**

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Florence Gayle Quinn

Florence Gayle Quinn

04-30-03 878-2916

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

W.K.

or.
906-000
FHS
Killearn

CR2E034B (12/01)