

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90454 049 ***150.00

0002941 AT

DOCUMENT # P02000129468

1. Entity Name

888 FOODS INC.

d/b/a. Quizno's Subs



Principal Place of Business

3432 IDLE GROVE CT.
ORLANDO FL 32822

Mailing Address

3432 IDLE GROVE CT.
ORLANDO FL 32822

2. Principal Place of Business

4235. WEST LAKE MARY BLVD.

3. Mailing Address

4235. W. LAKE MARY BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES



City & State

LAKE MARY, FLA

City & State

LAKE MARY, FLA

FEI Number

57-1140129

Applied For

Not Applicable

Zip

32746

Country

SEMINOLE

Zip

32746

Country

SEMINOLE

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHIANG LU, CHUN

LU, CHUN CHIANG

3432 IDLE GROVE CT.

ORLANDO FL 32822

Name

LU, CHUN-CHIANG

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

4235. W. LAKE MARY BLVD.

City

LAKE MARY

FL

Zip Code

32746

7. Name and Address of New Registered Agent

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

X. Chun-Chiang Lu

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **P**
STREET ADDRESS *CHIANG LU, CHUN LU, CHUN CHIANG*
CITY-ST-ZIP *3432 IDLE GROVE CT.
ORLANDO FL 32822*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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TITLE ☐ Change ☐ Addition
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:

X. Chun-Chiang Lu

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)