

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

ATX

DOCUMENT # <b>804000108216</b>	
1. Entity Name	
<b>STEFF'S SUBS, INC.</b>	

05 APR 18 AM 10:05

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>5934 RED BUG LAKE ROAD</b>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>WINTER SPRINGS, FL</b>		City & State	
Zip <b>32708</b>	Country	Zip	Country

01-29-05 80069 007 \$150.00

DO NOT WRITE IN THIS SPACE

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<b>DO NOT WRITE IN THIS SPACE</b>	7. Name and Address of Current Registered Agent	
	Name <b>STEFFAN REEVE</b>	
	Street Address (P.O. Box Number is Not Acceptable) <b>1640 OVIEDO GROVE APT 9</b>	
	City <b>OVIEDO</b>	State <b>FL</b> Zip Code <b>32765</b>

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS				11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT STEFFAN REEVE 1640 OVIEDO GROVE APT 9 OVIEDO, FL 32765		TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000204341 01/29/05-80069-007 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECTREAS MELANIE REEVE 1640 OVIEDO GROVE APT 9 OVIEDO, FL 32765		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/25/05 407-696-7998