2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000002985

JJL SUBWAY, INCORPORATED

FILED May 05, 2000 8:00 am Secretary of State

05-05-2000 90076 026 ***150.00 Principal Place of Business Mailing Address 1207 W DUVALL 3131 NW 13TH ST SUITE #5 STE. 1 727448 LAKE CITY FL 32055 GAINESVILLE FL 32609-2177 3. Mailing Address 2. Principal Place of Business 1830 SW 44 5 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3153762 Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired - . USVA 52608-406 L Fee Required~ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HARTWELL, LONALD Street Address (P.O. Box Number is Not Acceptable) 1830 SW 44TH AVE GAINESVILLE FL 32608-4062 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition STD ☐ Delete TITLE HARTWELL, LONALD NAME STREET ADDRESS STREET ADDRESS 1830 SW 44TH AVE CITY-ST-7F CITY-ST-ZIP GAINESVILLE FL 32608-4062 Change ☐ Addition ☐ Delete TITLE TITLE HARTWELL, DAVID M NAME NAME STREET ADDRESS 25722 SW 18 AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **NEWBERRY FL 32669** ☐ Delete TITLE ☐ Change Addition TITLE HARTWELL, CHRISTOPHER A NAME NAME STREET ADDRESS 9525 SW 75TH ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP **GAINESVILLE FL 32608** ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 Block 12 if ment with an address, with all other like empowered

SIGNATURE