

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90073 011 ***150.00

DOCUMENT # P93000019835

1. Entity Name

SEK FRANCHISE SYSTEMS, INC.

Sobik's International Franchising, Inc

Principal Place of Business

Mailing Address

2101 W. STATE RD. 434
 SUITE 100
 LONGWOOD FL 32779
 US

2101 W. STATE RD. 434
 SUITE 100
 LONGWOOD FL 32779
 US

2. Principal Place of Business

300 International Parkway

3. Mailing Address

300 International Parkway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 100

Suite 100

City & State

City & State

Heathrow, FL

Heathrow FL

Zip

Country

Zip

Country

32746

U.S.

32746

U.S.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CRONIN, MICHAEL F CFO
JRECK SUBS GROUP, INC.
 2101 W. STATE RD. 434-STE. 100
 LONGWOOD FL 32779

Name

Cronin, Michael F - CFO, Ultimate Franchise Systems, Inc

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

300 International Parkway ; suite 100

City *Heathrow*

FL

Zip Code *32746*

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PCD** ☐ Delete
 NAME **SWARTZ, CHRISTOPHER M**
 STREET ADDRESS **2101 W. STATE RD. 434-STE. 100**
 CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE **CEO** ☒ Change ☐ Addition
 NAME **Swartz, Christopher M**
 STREET ADDRESS **300 International Parkway ; suite 100**
 CITY-ST-ZIP **Heathrow, FL 32746**

TITLE **SD** ☒ Delete
 NAME **GORDON, BRADLEY**
 STREET ADDRESS **2101 W. STATE RD. 434-STE. 100**
 CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE **CFO, CEO** ☒ Change ☐ Addition
 NAME **Cronin, Michael F**
 STREET ADDRESS **300 International Parkway ; suite 100**
 CITY-ST-ZIP **Heathrow, FL 32746**

TITLE **CFOD** ☐ Delete
 NAME **CRONIN, MICHAEL F**
 STREET ADDRESS **2101 W. STATE RD. 434-STE. 100**
 CITY-ST-ZIP **LONGWOOD FL 32779**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01

Date

407-682-6363

Daytime Phone #

CR2E034 (10/00)