2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P93000029178** Mar 08, 2000 8:00 am **Secretary of State** BLIMPIE DEVELOPMENT, INC. 03-08-2000 90081 044 ***150.00 Principal Place of Business Mailing Address 4893 W. SPENCER FIELD RD. 4893 W. SPENCER FIELD RD. PACE FL 32571-1232 PACE FL 32571 US 2. Principal Place of Business 3. Mailing Address Winstop L. Fletcher Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE -008 Forest Creek Dr. 5008 Forest Creak Dr Applied For City & State City & State 4. FEI Number 59-3270741 Pace Pace Not Applicable Country Sauta Rosa \$8.75 Additional 5. Certificate of Status Desired anta-Rosa Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Winston Fletche WINSTON, FLETCHER L Street Address (P.O. Box Number is Not Acceptable) 4889 W. SPENCER FIELD RD. **PACE FL 32571** 5008 Forest Creek 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. 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Delete ☐ Addition TITLE Change TITLE eric D. Jesrich JENRICH, ERIC D NAME 51 Third ST. - Building 5 STREET ADDRESS 51 3RD ST BLDG.5 STREET ADDRESS shalimar, FL 32579 CITY-ST-ZIP CITY-ST-ZIP FT. WALTON BCH. FL 32579 Delete ostos L. Fletcher ☐ Addition TITLE FLETCHER, WINSTON L 5008 Forest Creek Dr. Pace, FC 72571 NAME STREET ADDRESS 4889 W. SPENCER FIELD RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PACE FL 32571 ☐ Addition TITLE Delete TITLE winsted L. Fletcher WINSTON, FLETCHER L NAME NAME 5008 Forest Creek Dr 4893 WISPENCER FIELD RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Pace, FL 32571 **PACE FL 32571** TITLE Change ■ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME STREET ADDRESS 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: IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR