

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90034 005 \*\*\*150.00

**DOCUMENT # P96000023089**

**1. Entity Name**  
**SINGLETON SUBWAY #13481, INC.**



**Principal Place of Business**  
**151 TOWN & COUNTRY**  
**PALATKA FL 32177**  
**US**

**Mailing Address**  
**2631 NW 41ST ST.**  
**A-2**  
**GAINESVILLE FL 32606**  
**US**



**2. Principal Place of Business**

**3. Mailing Address**

**2131 NW 40<sup>th</sup> Terrace**

**Suite, Apt. #, etc.**

**Suite, Apt. #, etc.**

**Suite C**

**City & State**

**City & State**

**Gainesville, FL**

**Zip**

**Country**

**Zip**

**Country**

**32605**

**Alachua**

**4. FEI Number 59-3374140**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**SINGLETON, ROBERT B**  
**6680 W. NEWBERRY RD.**  
**GAINESVILLE FL 32607**

**Name**

**Zoe H. Singleton**

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

**Suite C**

**2131 NW 40<sup>th</sup> Terrace**

**City**

**Gainesville**

**FL**

**Zip Code**

**32605**

**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**

**Zoe H. Singleton**

**Zoe H. Singleton President**

**1/29/03**

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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **DP** ☐ **Delete**  
**NAME** **SINGLETON, ZOE H**  
**STREET ADDRESS** **4235 SW 96TH DR.**  
**CITY-ST-ZIP** **GAINESVILLE FL 32608**

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

**TITLE** **DST** ☐ **Delete**  
**NAME** **SINGLETON, ROBERT B**  
**STREET ADDRESS** **4235 SW 96TH DR.**  
**CITY-ST-ZIP** **GAINESVILLE FL 32608**

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

**TITLE** **DV** ☐ **Delete**  
**NAME** **SINGLETON, GEORGE T**  
**STREET ADDRESS** **6431 LATCHSTRING CT.**  
**CITY-ST-ZIP** **MELROSE FL 32666**

**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**

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**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**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:**

**SIGNATURE REQUIRED**  
**Zoe H. Singleton**  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**1/29/03**  
**Date**

**(352) 319-5977**  
**Daytime Phone #**

CR2E034 (10/02)