

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90825 021 ***150.00

DOCUMENT # P96000032570

1. Entity Name
GENE'S SANDWICH SHOP, INC.



Principal Place of Business
119 W. ADAMS STREET
JACKSONVILLE FL 32202

Mailing Address
119 W. ADAMS STREET
JACKSONVILLE FL 32202



2. Principal Place of Business
119 W. ADAMS STREET
Suite, Apt. #, etc.

3. Mailing Address
119 W. ADAMS STREET
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
JACKSONVILLE, FL
Zip
32202-3801
Country
USA

City & State
JACKSONVILLE, FL
Zip
32202-3801
Country
USA

4. FEI Number
59-1292942

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MANDEVILLE, JAMES
4897 JAYBIRD CIRCLE, NORTH
JACKSONVILLE FL 32257

7. Name and Address of New Registered Agent

Name
MCKNIGHT, VANGI Y.
Street Address (P.O. Box Number is Not Acceptable)
2389 "D" STREET
City
JACKSONVILLE **FL** **32209**

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 *Vangi Y. McKnight*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/15/03
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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCKNIGHT, VANGI 119 W. ADAMS STREET JACKSONVILLE FL 32202	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WARTHEN, ANNIE 1705 ACADEMY ST. JACKSONVILLE FL 32209	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR, PRESIDENT & TREASURER MCKNIGHT, VANGI Y. 2389 "D" STREET JACKSONVILLE, FL 32209	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT WARTHEN, ANNIE J. 1705 ACADEMY ST. JACKSONVILLE, FL 32209	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 information.

SIGNATURE: *Vangi Y. McKnight*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/03 **(904) 358 2645**
DATE Daytime Phone #

CR2E034 (10/02)