2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # P96000058007 Apr 26, 2000 8:00 am Secretary of State SUBWAY OF CRESTVIEW II, INC. 04-26-2000 90073 035 ***150.00 Principal Place of Business Mailing Address 3059 GULF BREEZE PKWY 3059 GULF BREEZE PARKWAY **GULF BREEZE FL 32561-3245** GULF BREEZE FL 32561 US US 3. Mailing Address 2. Principal Place of Business 3073 GULF BREEZE PKWY 3073 GULF BREEZE PKWY Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3387171 GULF BREEZE, Not Applicable **GULF BREEZE** FLCountry _ \$8.75 Additional Zip Country. 5. Certificate of Status Desired SANTA ROSA 32561 Fee Required SANTA ROSA 32561 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Developmen SMITH, G. THOMAS 510 E. ZARAGOZA STREET PENSACOLA FL 32501 its this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity sub SIGNATURE (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 11. 12. XIX Change Addition ☐ Delete TITLE TITLE NAME NAME BOULTON, R. SCOTT STREET ADDRESS 1920 BEECHWOOD DRIVE STREET ADDRESS 3059 GULF BREEZE PARKWAY CITY-ST-ZIP GULF BREEZE, FL 32561 CITY-ST-ZIP **GULF BREEZE FL 32561** Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Change ☐ Delete TITLE ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ 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 tristee error overed 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 a address, with all other like empowered. changed, or on an attachme

Daytime Phone #

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR