

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000028633

1. Entity Name
SUBWAY BRITTANNICA II, INC.

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90088 030 ***150.00

Principal Place of Business SUBWAY SHORT STOP 5462 STUART ST. MILTON FL 32570	Mailing Address 3565 VICTORY DRIVE PAGE FL 32571
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2. Principal Place of Business Texaco Food Mart	3. Mailing Address PO Box 607
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Milton FL
Zip	Country
32572	



DO NOT WRITE IN THIS SPACE

4. FEI Number 62-1733474	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LEEDS, JEFFREY L 3565 VICTORY DRIVE PAGE FL 32571	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
3509 Edinburgh Dr PAGE FL 32571	

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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	P LEEDS, JEFFREY L 3565 VICTORY DR. PAGE FL 32571	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3509 Edinburgh Dr PAGE FL 32571
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEEDS, HOLLY A 3565 VICTORY DR. PAGE FL 32571	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3509 Edinburgh Dr PAGE FL 32571
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Jeffrey L Leeds 4/24/01 850.924.3283

CR2E034 (10/00)