

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000069846

1. Entity Name
SUBWAY BRITTANNICA III, INC.

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

05-04-2001 90088 028 ***150.00

Principal Place of Business

WHITING FIELD NAS
7180 WASP ST.
MILTON FL 32570

Mailing Address

3505 VICTORY DRIVE
PACE FL 32571

C0060873

2. Principal Place of Business

5462 Stewart St

3. Mailing Address

PO Box 607

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Milton FL

City & State

Milton FL

4. FEI Number 62-1749254

Applied For

Not Applicable

Zip

32570

Country

USA

Zip

32572

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEEDS, JEFFERY L
3505 VICTORY DRIVE
PACE FL 32571

3509 Edinburgh Dr.

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(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

TITLE P
NAME LEEDS, JEFFERY L
STREET ADDRESS 3505 VICTORY DR.
CITY-ST-ZIP PACE FL 32571 ☐ Delete

TITLE S
NAME LEEDS, HOLLY A
STREET ADDRESS 3505 VICTORY DR.
CITY-ST-ZIP PACE FL 32571 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 3509 Edinburgh Dr
CITY-ST-ZIP PACE FL 32571 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 3509 Edinburgh Dr
CITY-ST-ZIP PACE FL 32571 ☐ Change ☐ Addition

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01

Date

Daytime Phone #

CR2E034 (10/00)