

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000073712

1. Entity Name

SUBTASTIC, INC.

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90141 028 ***150.00

0451039

Principal Place of Business

3159 LOFTON SQUARE COURT #2
YULEE FL 32097

Mailing Address

3159 LOFTON SQUARE COURT #2
YULEE FL 32097

D0048523



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3159 LOFTON SQ BLD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 200

City & State

Yulee, FL

City & State

Zip
32097

Country
NA5540

Zip

Country

4. FEI Number 59-3532567

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TOMASSETTI, A J
406 ASH STREET
FERNANDINA BEACH FL 32034

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 GRIFFIN, MARK
STREET ADDRESS 1491 BLACKROCK RD
CITY-ST-ZIP YULEE FL 32097 ☐ Delete

TITLE VP
NAME GRIFFIN, DANNY
STREET ADDRESS 1491 BLACKROCK RD
CITY-ST-ZIP YULEE FL 32097 ☒ Delete

TITLE S
NAME WEDER, JEFFREY
STREET ADDRESS 3778 PARLIMENT DR
CITY-ST-ZIP FERNANDINA BCH FL 32034 ☐ 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 P
NAME MARK, GRIFFIN
STREET ADDRESS 1852 CARAVEL TRAIL
CITY-ST-ZIP Yulee, FL 32097 ☒ Change ☐ Addition

TITLE VP
NAME GRIFFIN, DONNA
STREET ADDRESS 1852 CARAVEL TRAIL
CITY-ST-ZIP Yulee FL 32097 ☒ 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:

Mark J Griffin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01

Date

(904) 277-4331

Daytime Phone #

CR2E034 (10/00)