

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90132 018 ***150.00

DOCUMENT # P98000075634

1. Entity Name

ISLAND SANDWICH SHOP, INC.

Principal Place of Business

**5672 CHANNEL VIEW BLVD
 JACKSONVILLE FL 32226**

Mailing Address

**5672 CHANNEL VIEW BLVD
 JACKSONVILLE FL 32226**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3411492**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**PRINCE, LARRY
 11876 OLD OAKS
 JACKSONVILLE FL 32226**

7. Name and Address of New Registered Agent

Name **Larry C. Prince, Jr.**

Street Address (P.O. Box Number is Not Acceptable)
12822 Ridgemoor Ln

City **Jacksonville** **FL** Zip Code **32258**

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 *Larry C. Prince, Jr.*
 Signature typed or printed name of registered agent and the filer.

(NOTE: Registered Agent signature required when reinstating)

4-27-01
 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	<input checked="" type="checkbox"/> Delete
NAME	PRINCE, LARRY	
STREET ADDRESS	11876 OLDE OAKS CT SOUTH	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	PRINCE, LARRY	
STREET ADDRESS	12822 RIDGEMORE LN	
CITY-ST-ZIP	JACKSONVILLE FL 32258	
TITLE	S	<input type="checkbox"/> Delete
NAME	PRINCE, AUDRAH M	
STREET ADDRESS	12822 RIDGEMORE LN	
CITY-ST-ZIP	JACKSONVILLE FL 32258	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Prince, Larry C. Sr.	
STREET ADDRESS	12822 Ridgemoor Ln	
CITY-ST-ZIP	Jacksonville, FL 32258	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Prince, Larry C. Jr.	
STREET ADDRESS	12822 Ridgemoor Ln	
CITY-ST-ZIP	Jacksonville, FL 32258	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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: *Audrah M. Prince*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-01 **(904) 880-2984**
 Date Daytime Phone #

CR2E034 (10/00)