

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91658 001 ***317.50

DOCUMENT # **P980000102042**

1. Entity Name

Subway Britannica IV, Inc. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Subway

Suite, Apt. #, etc.

6219 Hwy 90 West

City & State

Milton FL

Zip

32570

Country

US

3. Mailing Address

PO Box 607

Suite, Apt. #, etc.

City & State

Milton FL

Zip

32572

Country

US

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3545307

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Jeffrey Leeds

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

3509 Edinburgh dr.

City

Pace

FL

Zip Code

32571

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	<i>President</i>
NAME	<i>Jeffrey Leeds</i>
STREET ADDRESS	<i>3509 Edinburgh dr.</i>
CITY - ST - ZIP	<i>Pace FL 32571</i>
TITLE	<i>Secretary</i>
NAME	<i>Holly Leeds</i>
STREET ADDRESS	<i>3509 Edinburgh dr.</i>
CITY - ST - ZIP	<i>Pace FL 32571</i>
TITLE	
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STREET ADDRESS	
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CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Jeffrey Leeds *Jeffrey Leeds*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/28/02 850 994-3715

Daytime Phone #

CR2E034B (12/01)