

2000 UNIFORM BUSINESS REPORT (UBR)

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FILED

May 19, 2000 8:00 am
Secretary of State

04-28-2000 90022 048 ***150.00

DOCUMENT # P98000105368

Entity Name

SUBCITY, INC.

Principal Place of Business Mailing Address
E HWY 50 1042 E HWY 50
CLERMONT FL 34711 CLERMONT FL 34711-3239



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1042 E HWY 50 Suite, Apt. #, etc. CLERMONT, FL		3. Mailing Address Same Suite, Apt. #, etc.	
City & State 34711 USA		City & State	
Zip 34711	Country	Zip	Country

4. FEI Number 59-3545674	<input checked="" type="checkbox"/> 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 GIBILISCO, CLAUDINE 1000 S SEMORAN BLVD APT 211 WINTER PARK FL 32792		7. Name and Address of New Registered Agent Name Michael Gibilisco Street Address (P.O. Box Number is Not Acceptable) 13832 Vista Del Lago City CLERMONT FL Zip Code 34711	
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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 Michael Gibilisco - Vice President 4/20/00
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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Claudine A. Gibilisco 13832 Vista Del Lago CLERMONT, FL 34711 <input checked="" 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	Vice President Michael Gibilisco 13832 Vista Del Lago CLERMONT, FL 34711 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Claudine A. Gibilisco 4/20/00 0080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)