

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000107587

1. Entity Name

FIREHOUSE WELLS, INC.

Principal Place of Business

9850-5 SAN JOSE BLVD
JACKSONVILLE FL 32257

Mailing Address

9850-5 SAN JOSE BLVD
JACKSONVILLE FL 32257

2. Firehouse Subs Headquarters

3. Mailing Firehouse Subs Headquarters

Suite, Apt. # 3410 Kori Rd.
Jacksonville, FL 32257
City & State

Suite, Apt. #, etc 3410 Kori Rd.
Jacksonville, FL 32257
City & State

Zip Country
USA

Zip Country
USA

4. FEI Number 59-3549628

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SORENSEN, ROBIN
9850-5 SAN JOSE BLVD
JACKSONVILLE FL 32257

Name Robin Sorensen

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

Firehouse Subs Headquarters

City 3410 Kori Rd. FL Zip Code
Jacksonville, FL 32257

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME SORENSEN, ROBIN
STREET ADDRESS 9850-5 SAN JOSE BLVD
CITY-ST-ZIP JACKSONVILLE FL 32257

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

TITLE D ☐ Delete
NAME SORENSEN, CHRIS
STREET ADDRESS 9850-5 SAN JOSE BLVD
CITY-ST-ZIP JACKSONVILLE FL 32257

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

TITLE T ☐ Delete
NAME JOST, STEPHEN C
STREET ADDRESS 9850-5 SAN JOSE BLVD
CITY-ST-ZIP JACKSONVILLE FL 32257

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen Jost

4/29/01

(904) 886-8300

Date

Daytime Phone #

CR2E034 (10/00)