

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000002196

1. Entity Name

DAGWOOD & BLONDIES SUB SHOP, INC.

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90324 011 ***150.00

Principal Place of Business

Mailing Address

8127 NORTH OLA AVENUE
TAMPA FL 33604

8127 NORTH OLA AVENUE
TAMPA FL 33604-2923

2. Principal Place of Business

3. Mailing Address

10500 UIMERTON Rd.

8127 N. OLA AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Largo FL 33771

City & State

TAMPA FL

4. FEI Number

59-3552229

Applied For

Not Applicable

Zip

33771

Country

USA

Zip

33604

Country

USA

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

ANDY RIVERA

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

8127 N. OLA AVE

City

TAMPA

FL

Zip Code

33604

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, 2000 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	PTD	<input type="checkbox"/> Delete
NAME	RIVERA, ANDY	
STREET ADDRESS	8127 NORTH OLA AVENUE	
CITY-ST-ZIP	TAMPA FL 33604	
TITLE	SVD	<input type="checkbox"/> Delete
NAME	RIVERA, SHERRY D	
STREET ADDRESS	8127 NORTH OLA AVENUE	
CITY-ST-ZIP	TAMPA FL 33604	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-00

727 588-9681

CR2E034 (9/99)