## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## Apr 09, 2001 8:00 am Secretary of State **DOCUMENT # P99000073907** 1. Entity Name SUBWAY SW REGIONAL DEVELOPMENT, INC. 04-09-2001 90038 046 \*\*\*150.00 Mailing Address Principal Place of Business C/O CANDITO MANAGEMENT GROUP, INC. C/O CANDITO MANAGEMENT GROUP, INC. 2626-3 E. TAMIAMI TR. 2626-3 E. TAMIAMI TR. ~~~44**4**05 NAPLES FL 34112 NAPLES FL 34112 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3594148 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CANDITO, JOSEPH P JR Street Address (P.O. Box Number is Not Acceptable) C/O CANDITO MANAGEMENT GROUP, INC. 2626-3 E. TAMIAMI TR. NAPLES FL 34112 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Atter MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE Delete TITLE CANDITO, JOSEPH P JR NAME NAME 2000 SANdpiper St. STREET ADDRESS 2540-11TH CIR. STREET ADDRESS CITY-ST-7IP NAPLES FL 34103 CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE CANDITO, PATRICIA F NAME NAME 2000 SANDPIPER ST. Naples, FL 3410Z STREET ADDRESS 2540 11TH CIR. STREET ADDRESS CITY-ST-ZIP NAPLES FL 34103 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

INTED NAME OF SIGNING OFFICER OR DIRECTOR