

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000085913**

1. Entity Name **Chicago Subs, Inc.**

FILED
May 31, 2000 8:00 am
Secretary of State
 05-31-2000 90064 048 ***150.00

Principal Place of Business **10809 N. 56th St**
Tampa, FL 33617

Mailing Address

2. Principal Place of Business **as above**

3. Mailing Address **as above**

Suite, Apt. #, etc.

City & State

Zip Country Zip Country

661314

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3602387**

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

6. Name and Address of Current Registered Agent

Richard P. Condon
10809 N. 56th St.
Tampa, FL 33617

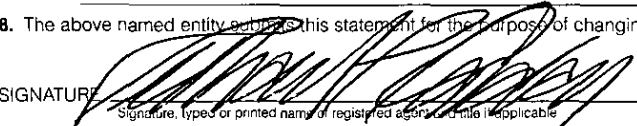
7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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  **Richard P. Condon** **5-1-00**

(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

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	P/D Zakarija, A.	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10809 N. 56th St		NAME		
STREET ADDRESS	Tampa, FL 33617		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	P/S Ridha, T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10809 N. 56th St		NAME		
STREET ADDRESS	Tampa, FL 33617		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	D Richard P. Condon	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	10809 N. 56th St	
STREET ADDRESS			STREET ADDRESS	Tampa, FL 33617	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 information.

SIGNATURE:  **Richard P. Condon** **5-1-00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)