FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
05-27-2002 90502 037 ***158.75

DOCUMENT # P99000111588 ✓

1. Entity Name

Subway Brittannica I Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Subway	PO Box 607
Suite, Apt. #, etc. 12200 West Shelby ST	Suite, Apt. #, etc.
City & State Falmouth Ky	City & State Milton Fl
Zip 41040 Country USA	Zip 32572 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 72-1382676 ☐ Applied For ☑ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Jeffrey Leeds

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

3509 Edinburgh dr

City Pace **FL** Zip Code 32571

6. 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 ____________________ DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	President	TITLE	
NAME	Jeff Leeds	NAME	
STREET ADDRESS	3509 Edinburgh dr	STREET ADDRESS	
CITY-ST-ZIP	Pace Fl 32571	CITY-ST-ZIP	
TITLE	Secretary	TITLE	
NAME	Holly Leeds	NAME	
STREET ADDRESS	3509 Edinburgh dr	STREET ADDRESS	
CITY-ST-ZIP	Pace Fl 32571	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(1)(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 on an attachment with an address, with all other like empowered.

SIGNATURE: Jeffrey Leeds 4/28/02 850 994-3715

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