2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all

SIGNATURE: .

Feb 13, 2002 8:00 am DOCUMENT # S53278 **Secretary of State** 1. Entity Name 02-13-2002 90220 025 ***158.75 SUBARS SUBWAYS, INC. Principal Place of Business Mailing Address 4460 TALLEVAST RD. 4460 TALLEVAST RD. ក្នុមស្គីស្គី ក្នុ SARASOTA FL 34243 SARASOTA FL 34243 US 2. Principal Place of Business 3. Mailing Address - -Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE للم الوامل زيدانها المستطيل والم Applied For City & State City & State 4. FEI Number 58-1944274 Not Applicable Country \$8.75 Additional Zip Country Ø 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ANNETTE L. CANNY Street Address (P.O. Box Number is Not Acceptable) 4020 73RD TERR EAST. SARASOTA FL 34243 Zin 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 Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 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 11. Change Addition Delete TITLE TITLE NAME NAME BERUFF, CARLOS M STREET ADDRESS STREET ADDRESS 4832 78TH ST E. CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34203** ☐ Addition Change ☐ Delete TITLE NAME NAME GANNY, ANNETTE L STREET ADDRESS STREET ADDRESS 4020 73RD TERR E. CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34243 Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ 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-7IP 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 of 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

FILED