2003 FOR PROFIT CORPORATION

## FILED Aug 29, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR** S58852 DOCUMENT # 1. Entity Name 08-29-2003 90090 008 \*\*\*150.00 SEMINOLE SUBS, INC. Principal Place of Business Mailing Address 640 W TENNESSEE ST 640 W TENNESSEE ST TALLAHASSEE FL 32304 TALLAHASSEE FL 32304 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3070574 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GROOM, MATT CPA Street Address (P.O. Box Number is Not Acceptable) 418CE-VIRGINIA-97>inewood TANDAHAGSER-FISSESST 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. I am familiar with, and accept the obligations of registered agent. Signature, typed of printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change ☐ Addition ☐ Delete TITLE CHICHESTER, DANIEL R. NAME 1305 E. WINDWOOD WAY STREET ADDRESS STREET ADDRESS TALLAHASSEE FL 32313 CITY-ST-ZIP CITY-ST-ZIP ts ☐ Change ☐ Addition Delete TITLE TITLE COGGIN. AL NAME NAME 2646 STONERIDGE DR STREET ADDRESS STREET ADDRESS TALLAHASSEE FL 32303 CITY-ST-7IP CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition MCCARHTY; SCOTT = " NAME NAME: 1454 VALLEY CREEK DR STREET ADDRESS STREET ADDRESS TALLAHASSEE FL 32303 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS

this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 12. I hereby certify that the information supplied with mental 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 or thistee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if indicated on this report or supply of the corporation or the eccive changed, or on an attachment or trustee emi

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

ttachment

MATTHEW S. GROOM, C.P.A., P.A.

**CERTIFIED PUBLIC ACCOUNTANT** 

273 PINEWOOD DRIVE TALLAHASSEE, FL 32303

90153293

## MEMBER OF FLORIDA INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

TELEPHONE (850)222-2727

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August 27, 2003

Florida Department of State Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

2003 Uniform Business Report

Seminole Subs, Inc.

S58852

Please find enclosed the 2003 Uniform Business Report for Seminole Subs, Inc. and a check for \$150.00. We are asking you to please forgive the \$400.00 late filing penalty. The owners never received the original 2003 UBR report. This corporation has a very good record of doing things in a timely matter for the past twelve years, and I think your records would substantiate this.

Thank you for your anticipated cooperation.

Sincerely,

Matt Groom

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