## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR**

## V22821 **DOCUMENT #**

1. Entity Name

SINGLETON SUBWAY #10934, INC.



## **FILED** Feb 03, 2003 8:00 am Secretary of State

02-03-2003 90034 010 \*\*\*150.00

				<b>′</b>		
Principal Place		Mailing Address				
2 W UNIVERSIT		2631 NW 41ST ST.				
GAINESVILLE FL 32601		A-2				
US		GAINESVILLE FL 32606 US				
2. Principal Pla	ace of Business	3. Mailing Address				
		2131 NW 40 Terr.				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			TOTAL TANKING OVERNIA	050
		Suite C		CHECK HE	RE IF MAKING CHAN	GES
City & State		City & State  Gainewille, FL		4. FEI Number 59-31250	)46	Applied For Not Applicable
Zip	Country	Zip 3 24.05	Country	5. Certificate of Status Desire	ed   \$8.75 Fee Rec	Additional quired
	6. Name and Address of Current I	Registered Agent		7. Name and Address of Ne	w Registered Agent	
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SINGLETON	n, robert B.			(P.O. Box Number is Not Accepta		
6680 W. NEWBERRY RD				-C NW HO Terroce		
GAINESVILL	LE FL 33605					
			City		Zin i	Code
		****	الاصما	nesville	LF   3	26.05
8. The above n	named entity submits this statement for ins of registered agent.	the purpose of changing its r	registered office or regist	ered agent, or both, in the State of	f Florida. I am familiar v	with, and accept
are congation	ins of registered agent.	· •		<b>.</b>		
SIGNATURE	to de Suidet	_ Zoe H.	Singleton	President	1/29/03	
SIGNATURE	(nailye, typed or printed name of registered agent a		Singleton Registered Agent signature requi	President	1 29 03	
SIGNATURE si	inal e, typed or printed name of registered agent a  LE NOW!!! FEE IS \$150.00		Singleton Registered Agent signature requi	,	LEIDANGING S	5 00 May 52
SIGNATURE SI	E NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00	nd title if applicable. (NOTE:	Singleton Registered Agent signature requi	ed when reinstating)  9. Election Campaign Trust Fund Contribu	DATE  Financing \$ ution.	5.00 May Be
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CITY-ST-ZIP 12. Thereby 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

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