

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

02-03-2003 90034 010 ***150.00

DOCUMENT # V22821

1. Entity Name
SINGLETON SUBWAY #10934, INC.



Principal Place of Business
**2 W UNIVERSITY AVENUE
GAINESVILLE FL 32601
US**

Mailing Address
**2631 NW 41ST ST.
A-2
GAINESVILLE FL 32606
US**



2. Principal Place of Business

3. Mailing Address

2131 NW 40th Terr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite C

City & State

City & State

Gainesville FL

Zip

Country

Zip

Country

32605

Alachua

4. FEI Number **59-3125046**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SINGLETON, ROBERT B.
6680 W. NEWBERRY RD
GAINESVILLE FL 33605**

Name **Zoe H. Singleton**

Street Address (P.O. Box Number is Not Acceptable)
2131-C NW 40th Terrace

City **Gainesville**

FL

Zip Code **32605**

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 **Zoe H. Singleton** **Zoe H. Singleton President** **1/29/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
NAME **SINGLETON, ZOE H**
STREET ADDRESS **4235 SW 96TH DR**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **32608**

TITLE **DV** ☐ Delete
NAME **SINGLETON, GEORGE T**
STREET ADDRESS **6431 LATCHSTRING CT**
CITY-ST-ZIP **MELROSE FL 32666**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DST** ☐ Delete
NAME **SINGLETON, ROBERT B**
STREET ADDRESS **4235 SW 96TH DR**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **32608**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/03 **(352) 319-5977**
Date Daytime Phone #

CR2E034 (10/02)