

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000006025

1. Entity Name

FRANCHISE BUILDERS, INC.

Principal Place of Business

8325 NORTH US 19  
PORT RICHEY FL 34668

Mailing Address

8325 NORTH US 19  
PORT RICHEY FL 34668

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-2401831

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FARKAS, THOMAS L  
2510 RANCHSIDE TERR  
NEW PORT RICHEY FL 34655

7. Name and Address of New Registered Agent

Name  
DALE T. PARSONS  
Street Address (P.O. Box Number is Not Acceptable)  
301 MYRTLE COURT

City  
PALM HARBOR

FL

Zip Code

34683

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 *Dale T. Parsons Pres.*  
DALE T. PARSONS

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*Jan Farkas*

DATE

1-7-02

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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 PCS  
NAME FARKAS, THOMAS L  
STREET ADDRESS 2510 RANCHSIDE TERR  
CITY-ST-ZIP NEW PORT RICHEY FL 34655 ☒ Delete

TITLE *VP President*  
NAME *PROSUNG DALE T. PARSONS, DALE T.*  
STREET ADDRESS 301 MYRTLE COURT  
CITY-ST-ZIP PALM HARBOR FL 34683 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE *Sec/Tre*  
NAME *CHERI L. PARSONS*  
STREET ADDRESS 301 MYRTLE COURT  
CITY-ST-ZIP PALM HARBOR, FL 34683 ☐ Change ☒ Addition

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

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

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

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

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

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 or 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Dale T. Parsons Pres.*  
DALE T. PARSONS  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Jan 14, 2002 8:00 am**  
**Secretary of State**

01-14-2002 90065 001 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

0543022 AV

CR2E034 (9/01)

727-848-2916