AMEND

APPROVED AND FILED

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000006025

02 SEP 26 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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1. Entity Name

FRANCHISE BUILDERS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8325 NORTH US 19	8325 NORTH US 19
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PORT RICHEY, FL	City & State: PORT RICHEY, FL
Zip: 34668 Country:	Zip: 34668 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 582401831 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: FARKAS, THOMAS L.

Street Address (P.O. Box Number is Not Acceptable): 8325 NORTH US 19

City: PORT RICHEY FL Zip Code: 34668

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: THOMAS L. FARKAS, REGISTERED AGENT DATE: 9/12/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PC
NAME	FARKAS, THOMAS L.
STREET ADDRESS	8325 NORTH US 19
CITY-ST-ZIP	PORT RICHEY, FL 34668
TITLE	VP
NAME	PARSONS, DALE T.
STREET ADDRESS	8704 RIDGETOP DR.
CITY-ST-ZIP	NEW PORT RICHEY, 34655
TITLE	ST
NAME	PARSONS, CHERI L.
STREET ADDRESS	8704 RIDGETOP DR.
CITY-ST-ZIP	NEW PORT RICHEY, 34655
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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

SIGNATURE: THOMAS L. FARKAS, CHAIRMAN Date: 9/12/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR