

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90637 026 ***150.00

DOCUMENT # **F98000006025**
1. Entity Name
Franchise Builders, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8325 U.S. 19 N.
Suite, Apt. #, etc.

3. Mailing Address
8325 U.S. 19 N.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Port Richey Fla.
Zip
34668
Country
MADCO

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Port Richey Florida
Zip
34668
Country
MADCO

4. FEI Number
58-2401831
Applied For
☐ Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name
DALE T. PARSONS
Street Address (P.O. Box Number is Not Acceptable)
6704 Ridge Top Dr.
City
New Port Richey **FL** Zip Code
34655

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 **x Dale T. Parsons**

3/21/03
DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

\$150.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	Pres. DALE T. PARSONS 6704 Ridge Top Dr. New Port Richey, FL 34655
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Sec/Tre Cheri L. Parsons 6704 Ridge Top Dr. New Port Richey, FL 34655
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**DO NOT WRITE
IN THIS SPACE**

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

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

3/21/03
Date

727-848-2916
Daytime Phone #

CR2E034B (12/02)