2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000009492

1. Entity Name
FIZGIG ENTERPRISES L.L.C.

FILED
01 JUN 13 AM 10:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
2021 CONCORD DR FLOWER MOUND TX 75022	2021 CONCORD DR FLOWER MOUND TX 75022

2. Principal Place of Business	3. Mailing Address
4601 TOWN CENTER BLVD	13803 FAIRWAY ISLAND DR
Suite, Apt. #, etc.	Suite, Apt. #, etc. APT #1614
City & State ORLANDO FL	City & State ORLANDO FL
Zip 32837 Country ORANGE	Zip 32837 Country ORANGE

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2577131
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NATIONAL REGISTERED AGENTS, INC. 526 EAST PARK AVENUE TALLAHASSEE FL 32801	Name: JOHN T LUND Street Address (P.O. Box Number is Not Acceptable): 4601 TOWN CENTER BLVD City: ORLANDO FL Zip Code: 32837

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 John T. Lund JOHN T. LUND, MANAGING MEMBER 6/9/2001
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGMR LUND, JOHN T 2021 CONCORD FLOWER MOUND TX 75022	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition LUND, JOHN T. 13803 FAIRWAY ISLAND DR #1614 ORLANDO FL 32837
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGMR LUND, JELAIN R 2021 CONCORD FLOWER MOUND TX 75022	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition LUND, JeLAIN R 13803 FAIRWAY ISLAND DR #1614 ORLANDO FL 32837
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 400004423174--0 -06/15/01--01084--026 *****300.00 *****50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.