

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

503149904804
5/12/2003-90998-001-\$100.00-\$50.00 *

DOCUMENT # L02000034590

1. Entity Name

BIG DADDY'S FRANCHISING, LLC



FILED

2003 DEC -4 PM 2:07

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Principal Place of Business

9649 WILD OAK DR.
WINDERMERE, FL 34786

Mailing Address

9649 WILD OAK DR.
WINDERMERE FL 34786

2. Principal Place of Business

1808 Sugar Cove Ct
Suite, Apt. #, etc.

3. Mailing Address

1808 Sugar Cove Ct
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

Ocoee, FL

City & State

Ocoee, FL

4. FEI Number

41-2117018

Applied For

Not Applicable

Zip 34761

Country

USA

Zip 34761

Country

USA

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAMRICK, ALEX H
315 E. ROBINSON ST., STE. 600
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number, is, Not Acceptable)

City

FL

Zip Code

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

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 Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME ZWICKER, JEANNE
STREET ADDRESS 9649 WILD OAK DR.
CITY-ST-ZIP WINDERMERE FL 34786

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS 1808 Sugar Cove Ct
CITY-ST-ZIP Ocoee, FL 34761

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

REINSTATEMENT 2003

CR2E083 (4/03)