

2001 UNIFORM BUSINESS REPORT (UBR)

003045 AB

DOCUMENT # L99000003004

1. Entity Name
FRYGUYS, L.L.C.

Principal Place of Business
RT 13, BOX 603
LAKE CITY FL 32055

Mailing Address
PO BOX 2387 1509
VALDOSTA GA 31604

FILED

01 APR -2 AM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

P.O. Box 1509

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Valdosta GA

4. FEI Number 58-2467325

Applied For
Not Applicable

Zip

Country

Zip 31603-1509

Country USA

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JONES, JIM
ROUTE 1, BOX 373 - 3
LAKE CITY FL 32055

7. Name and Address of New Registered Agent

Name
Anita Oetgen
Street Address (P.O. Box Number is Not Acceptable)
Route 13, Box 603
City
Lake City FL Zip Code 32055

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 *[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 Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME MGRM
STREET ADDRESS MOTMANCO, INC.
CITY-ST-ZIP 319 ROSEDALE PLACE
VALDOSTA GA 31602 ☐ Delete

TITLE
NAME MGR
STREET ADDRESS OETGEN, ANITA
CITY-ST-ZIP RT13, BOX 603
LAKE CITY FL 32055 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS 500003994325--8
CITY-ST-ZIP -04/12/01--01066--009
*****50.00 *****50.00 ☐ Change ☐ Addition

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

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

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/14/01

Date

229-247-7889

Daytime Phone #

CR2E083 (11/00)