

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** L99000008426

1. Entity Name  
FRANCHISE NEXUS, L.L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 JUN 16 PM 4:29

Principal Place of Business Mailing Address

2. Principal Place of Business  
790 SANTA ROSA BLVD  
Suite, Apt. #, etc.  
SUITE 3003  
City & State  
FT WALTON BEACH, FL 32543  
Zip Country  
32548 OKALOOSA

3. Mailing Address  
1085 POWERS PLACE  
Suite, Apt. #, etc.  
City & State  
ALPHARETTA, GA  
Zip Country  
30004 FULTON

4. FEI Number  
59-3609159

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

Applied For  
Not Applicable

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent  
Name  
JOSEPH R. LUNSFORD  
Street Address (P.O. Box Number is Not Acceptable)  
790 SANTA ROSA BLVD  
SUITE 3003  
City  
FT. WALTON BEACH FL Zip Code 32548

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, 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	<input type="checkbox"/> Delete JOSEPH R. LUNSFORD MGRM 790 SANTA ROSA BLVD. SUITE 3003 FT. WALTON BEACH, FL 32548	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300003300323-4 -06/22/00--01009--019 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Joseph R. Lunsford  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (1/1/99)