

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 26, 2001 08:00 AM****Secretary of State****DOCUMENT # L99000009024**

1. Entity Name

FRANCHISE OPPORTUNITIES.COM, L.L.C.

Principal Place of Business

Mailing Address

790 SANTA ROSA BLVD., STE. 3003

1085 POWERS PLACE

FT. WALTON BEACH  
32548

FL

ALPHARETTA  
30004

GA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**59-3612059**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LUNSFORD JOSEPH R  
790 SANTA ROSA BLVD., STE. 3003

Name

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

FT. WALTON BEACH  
32548

FL

US

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**04/26/2001**

DATE

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

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE MGRM ☐ Delete  
NAME LUNSFORD JOSEPH R  
STREET ADDRESS 790 SANTA ROSA BLVD., STE. 3003  
CITY-ST-ZIP FT. WALTON BEACH FL 32548TITLE ☐ Change ☐ Addition  
NAME  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 LUNSFORD**

MGRM 04/26/2001

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

Date

Daytime Phone #

CR2E083 (11/00)