CR2E034 (9/01)

Daytime Phone #

2002 Uniform Business Report (UBR)

Apr 11, 2002 8:00 am Secretary of State P01000075863 DOCUMENT # 1. Entity Name FRANCHISE ENTERPRISE, INC. 04-11-2002 90061 005 ***150.00 Principal Place of Business Mailing Address 1900 WEST COMMERCIAL BLVD. 1900 WEST COMMERCIAL BLVD. FORT LAUDERDALE FL 33309 FORT LAUDERDALE FL 33309 DO NOT WRITE IN THIS SPACE 4. FEI Number 65-1126 187 City & State Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired 3307 330) Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROUGIER, LLOYD W Street Address (P.O. Box Number is Not Acceptable) 1113 NW 111TH WAY CORAL SPRINGS FL 33071 City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition NAME ROUGIER, LLOYD W NAME STREET ADDRESS 1900 WEST COMMERCIAL BLVD. STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33309 CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP__ TITLE ☐ Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: