

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90075 020 ***150.00

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DOCUMENT # 535514

1. Entity Name
JAMES K. FREELAND, P.A.



Principal Place of Business
4870 SOUTH ATLANTIC
APT 107
NEW SMYRNA BEACH FL 32169
US

Mailing Address
4870 SOUTH ATLANTIC
APT 107
NEW SMYRNA BEACH FL 32169
US



2. Principal Place of Business
105 GRANDVIEW DR

3. Mailing Address
105 GRANDVIEW DR

Suite, Apt. #, etc.
NEW SMYRNA BEACH,

Suite, Apt. #, etc.
NEW SMYRNA BEACH

City & State
FL

City & State
FL

4. FEI Number 59-1741237

Applied For
Not Applicable

Zip
32168

Country
USA

Zip
32169

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GANT, JO ANN
4870 SOUTH ATLANTIC
APT 107
NEW SMYRNA BCH FL 32169

Name
JAMES K. FREELAND
Street Address (P.O. Box Number is Not Acceptable)
105 GRANDVIEW DR

City
NEW SMYRNA BEACH, FL FL Zip Code
32169

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 James K. Freeland

4-8-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
FREELAND, JAMES K.
C/O JO ANN GANT 4870 S ATLANTIC #107
NEW SMYRNA BEACH FL 32169

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
105 GRANDVIEW DR.
NEW SMYRNA BEACH,
FL 32169

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James K. Freeland

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-03

CR2E034 (10/02)