

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90042 038 ****61.25

DOCUMENT # N96000002110

1. Entity Name

SET FREE IF YOU WANT TO BE, INC.

Principal Place of Business

Mailing Address

511 ROSARY ROAD
 SUITE 10
 LARGO FL 33770
 US

POST OFFICE BOX 2068
 LARGO FL 33779-2068
 US

2. Principal Place of Business

3. Mailing Address

1301 Seminole Blvd.

Suite, Apt. #, etc.

Suite 101-A

City & State

City & State

Largo, FL

4. FEI Number

59-3373505

Applied For

Not Applicable

Zip

Country

Zip

Country

33770

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

D'ANDREA, MARLENE
 511 ROSARY ROAD
 SUITE 10
 LARGO FL 33770

Name **Same**

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

1301 Seminole Blvd Suite 101A

Largo

City

FL

Zip Code

33770

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

Marlene D'Andrea

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

Marlene D'Andrea

(NOTE: Registered Agent signature required when reinstating)

4/26/00

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	D'ANDREA MARLENE	
STREET ADDRESS	511 ROSARY ROAD, SUITE 10	
CITY-ST-ZIP	LARGO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	D'ANDREA, ROBERT R.	
STREET ADDRESS	511 ROSARY ROAD, SUITE 10	
CITY-ST-ZIP	LARGO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	D'ANDREA, ROBERT JR.	
STREET ADDRESS	8100 ULMERTON ROAD	
CITY-ST-ZIP	LARGO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITE, RANDY	
STREET ADDRESS	2511 N. GRADY	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMAS, MIKE	
STREET ADDRESS	5533-81ST TERRACE,	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DONOVAN, TERRY	
STREET ADDRESS	8600 ULMERTON ROAD	
CITY-ST-ZIP	LARGO FL 33771	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas, Gail	
STREET ADDRESS	5533-81st Terrace	
CITY-ST-ZIP	Pinellas Park, FL	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Yolanda Morris	
STREET ADDRESS	1301 Seminole Blvd. Suite 101A	
CITY-ST-ZIP	Largo, FL. 33770	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marlene D'Andrea	
STREET ADDRESS	1301 Seminole Blvd. Suite 101A	
CITY-ST-ZIP	Largo, FL. 33770	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert D'Andrea	
STREET ADDRESS	1301 Seminole Blvd. Suite 101A	
CITY-ST-ZIP	Largo, FL. 33770	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 617, 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: **Marlene D'Andrea** *Marlene D'Andrea* **4/26/00** **727-586-3733**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)