

1. Entity Name
"FREEDOM TO FOCUS" BUSINESS SERVICES, IINC.



FILED
05 AUG 22 AM 11:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7 Roberts AUG 23 20

Principal Place of Business	Mailing Address
3409 FOREST BRIDGE CR BRANDON, FL 33511	3409 FOREST BRIDGE CR BRANDON, FL 33511

2. Principal Place of Business 8938 Aberdeen Creek Suite, Apt. #, etc. Riverview FL City & State	3. Mailing Address 8938 Aberdeen Creek Suite, Apt. #, etc. Riverview Florida City & State	0815	4. FE
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08192005 Cha-P CR2E034 (10/03)

4. FEI Number 43-2042617	Applied For
	Not Applicable

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

Zip 33569	Country USA	Zip 33569
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6. Name and Address of Current Registered Agent

HAYWOOD, TINA L
3409 FOREST BRIDGE CIRCLE
BRANDON, FL 33811

Name Susan Allison
Street Address (P.O. Box Number is Not Acceptable) 8938 Aberdeens Creek Circle
City Riverside FL Zip Code 33569

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 Susan Allison
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR Is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HAYWOOD, MARK A 6518 KING PALM WAY APOLLO BEACH, FL 33572 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Haywood, M 8938 Aberdeen Creek Circle Riverview Florida 33569 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HAYWOOD, TINA L 6518 KING PALM WAY APOLLO, FL 33572 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Riverview Florida 33569 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V.P. Allison Susan 8938 Aberdeen Creek Circle Riverview Fl. 33569 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP. Allison, Susan 8938 Aberdeen Creek Circle Riverview, FL 33569 <input type="checkbox"/> Change <input checked="" 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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	600058968286 08/25/05--01045--018 **61.25 <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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-19-05 813-843-9202
Date Daytime Phone #