## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED May 18, 2000 8:00 am Secretary of State DOCUMENT # P99000091321 FINAL DRAFT FREELANCING, INC. 05-18-2000 90388 035 \*\*\*150.00 Mailing Address Principal Place of Business 784 W. SUNSET STRIP DRIVE 784 W. SUNSET STRIP DRIVE BEVERLY HILLS FL 34465-4744 BEVERLY HILLS FL 34465 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Applied For City & State 4. FEI Number City & State Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TOURIGNY, CHRISTINA Street Address (P.O. Box Number is Not Acceptable) 784 W. SUNSET STRIP DRIVE **BEVERLY HILLS FL 34465** Zip Code FL 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 DATE 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition ☐ Delete TITLE TITLE TOURIGNY, CHRISTINA NAME 784 W. SUNSET STRIP DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BEVERLY HILLS FL 34465** CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME **TOURIGNY, JAMES** NAME STREET ADDRESS 784 W. SUNSET STRIP DRIVE STREET ADDRESS **BEVERLY HILLS FL 34465** CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

3. 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 frue 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 distance 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 attactment with an address, with all other like empowered.

OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SIGNATURE:** 

4/24/00

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