

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F01000002381**

1. Entity Name

FREEDOM OIL COMPANY

FILED

02 MAY 20 PM 12:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDAPrincipal Place of Business
814 W CHESTNUT ST
BLOOMINGTON IL 61702-3697Mailing Address
PO BOX 3697
BLOOMINGTON IL 61702-3697

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

37-1408472

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

OWENS, MARY
6000 SAN JOSE BLVD / PT 9B
JACKSONVILLE FL 322177. Name and Address of New Registered Agent
Name CT Corporation SystemStreet Address (P.O. Box Number is Not Acceptable)
c/o CT Corporation System

1200 S. Pine Island Rd

City Plantation FL Zip Code 33327

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

PETER F. SOUZA

5/15/02

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

(Not required if the agent is required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)**FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PCD ☐ Delete
NAME OWENS, A. MICHAEL
STREET ADDRESS 3 LONDON CT.
CITY-ST-ZIP BLOOMINGTON ILTITLE VD ☐ Delete
NAME MELCHER, JUDY
STREET ADDRESS 48 BROOKSHIRE GREEN
CITY-ST-ZIP BLOOMINGTON ILTITLE STD ☐ Delete
NAME OWENS, SUZANNE
STREET ADDRESS 108 CAMELOT DRIVE
CITY-ST-ZIP BLOOMINGTON ILTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/02 309-828-7750

Date

Daytime Phone #

CR2E034 (9/01)