

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2003 8:00 am
Secretary of State

03-14-2003 90056 018 ***150.00

DOCUMENT # F01000005327

1. Entity Name
FREEDOM FINANCIAL INVESTMENTS, INC.



Principal Place of Business
**17500 BLONDO STREET
OMAHA NE 68116**

Mailing Address
**17500 BLONDO STREET
OMAHA NE 68116**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **47-0812710**

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**KENDZIOR, RICHARD A
1422 NW 110TH TERRACE
GAINESVILLE FL 32606**

7. Name and Address of New Registered Agent

Name **Fraser Allport**

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

1220 Collins Ave # 310

City **Miami Beach**

FL

Zip Code **33139**

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 **Fraser Allport**

3-10-03

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

TITLE **PCD** ☐ Delete
NAME **PIERCE, JON P**
STREET ADDRESS **17500 BLONDO STREET**
CITY-ST-ZIP **OMAHA NE**

TITLE **ST** ☐ Delete
NAME **WINN, GARY**
STREET ADDRESS **17500 BLONDO STREET**
CITY-ST-ZIP **OMAHA NE**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP, D** ☐ Change ☒ Addition
NAME **Gayann m Henn**
STREET ADDRESS **17500 Blondo St**
CITY-ST-ZIP **Omaha, ne 68116**

TITLE **V.P/D** ☐ Change ☒ Addition
NAME **Carolyn Pierce**
STREET ADDRESS **17500 Blondo St.**
CITY-ST-ZIP **Omaha, ne 68116**

TITLE **D.** ☐ Change ☒ Addition
NAME **Westley Pierce**
STREET ADDRESS **17500 Blondo St**
CITY-ST-ZIP **Omaha, ne. 68116**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-03

800-245-2705

Date Daytime Phone #

CR2E034 (10/02)