

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90119 034 ***158.75

DOCUMENT # F86660

1. Entity Name
FREEDOM FORD, INC.



Principal Place of Business
**24825 US HIGHWAY 19N
CLEARWATER FL 33763**

Mailing Address
**24825 US HIGHWAY 19N
CLEARWATER FL 33763**



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 **59-2214873**

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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	PD	<input type="checkbox"/> Delete
NAME	SMITH, B. SCOTT	
STREET ADDRESS	5401 E INDEPENDENCE BLVD	
CITY-ST-ZIP	CHARLOTTE NC 28218	
TITLE	S	<input type="checkbox"/> Delete
NAME	COSS, STEPHEN K	
STREET ADDRESS	5401 E. INDEPENDENCE BLVD.	
CITY-ST-ZIP	CHARLOTTE NC 28212	
TITLE	VDI	<input type="checkbox"/> Delete
NAME	WRIGHT, THEODORE M	
STREET ADDRESS	5401 E INDEPENDENCE BLVD	
CITY-ST-ZIP	CHARLOTTE NC 28218	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, O. BRUTON	
STREET ADDRESS	5401 E. INDEPENDENCE BLVD.	
CITY-ST-ZIP	CHARLOTTE NC 28212	
TITLE	ASAT	<input checked="" type="checkbox"/> Delete
NAME	BROWN, RICKY L	
STREET ADDRESS	4625 ALEXANDER DR. STE 140	
CITY-ST-ZIP	ALPHARETTA GA 30022	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ASAT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Murphy, Michael E	
STREET ADDRESS	2149 U.S. Hwy 19 N	
CITY-ST-ZIP	CLEARWATER, FL 33765	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

1/24/03

Date

813-299-9456

Daytime Phone #

CR2E034 (10/02)