# 2003 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Feb 13, 2003**
**Secretary of State**

DOCUMENT# F94000004411

**Entity Name:** FREEDOM FINANCIAL CORPORATION OF INDIANA

**Current Principal Place of Business:**

2669 CHARLESTOWN RD.
D
NEW ALBANY, IN 47150

**New Principal Place of Business:**

**Current Mailing Address:**

2669 CHARLESTOWN RD
SUITE D
NEW ALBANY, IN 47150 US

**New Mailing Address:**

**FEI Number: 35-1634756** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BREWTON, WILBUR E
225 S. ADAMS STREET, STE 250
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: C ( ) Delete
Name: COLLETT, W B
Address: 7586 BRIARCLIFF CIRCLE
City-St-Zip: LAKE WORTH, FL 33467

Title: VSD ( ) Delete
Name: COLLETT JR., W B
Address: 7586 BRIARCLIFF CIRCLE
City-St-Zip: LAKE WORTH, FL 33467

Title: D ( ) Delete
Name: HURD, ROBERT L
Address: #7 PARTRIDGE RUN
City-St-Zip: WARREN, NJ 07059

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: C (X) Change ( ) Addition
Name: COLLETT, W B
Address: 2669 CHARLESTOWN ROAD, SUITE D
City-St-Zip: NEW ALBANY, IN 47150

Title: VSD (X) Change ( ) Addition
Name: COLLETT JR., W B
Address: 2669 CHARLESTOWN ROAD, SUITE D
City-St-Zip: NEW ALBANY, IN 47150

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: W. B. COLLETT C 02/13/2003

Electronic Signature of Signing Officer or Director Date