

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90023 026 ***150.00

DOCUMENT # J45074

1. Entity Name

FREELAND MANUFACTURING, INC.

Principal Place of Business

% GEORGE FREELAND
13880 S. TAMiami TR.
FT MYERS FL 33912
US

Mailing Address

13880 S. TAMiami TR.
FT. MYERS FL 33912
US

2. Principal Place of Business

950 SE 11 AVE

3. Mailing Address

950 SE 11 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cape Coral FL

City & State

Cape Coral FL

4. FEI Number

59-2740358

Applied For

Not Applicable

Zip

33990

Country

US

Zip

33990

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FREELAND, BERNARD G
13880 S. TAMiami TRAIL
FORT MYERS FL 33912

7. Name and Address of New Registered Agent

Name: **Bernard Freeland**

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

950 SE 11 AVE

City

Cape Coral

FL

Zip Code

33990

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 **Bernard G. Freeland**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/26/01

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **FREELAND, GEORGE**
STREET ADDRESS **13880 S. TAMiami TR.**
CITY-ST-ZIP **FT MYERS FL**

TITLE **S** ☐ Delete
NAME **FREELAND, GEORGE T.**
STREET ADDRESS **13880 S. TAMiami TR.**
CITY-ST-ZIP **FT MYERS FL 33912**

TITLE **V** ☐ Delete
NAME **FREELAND, BERNARD G**
STREET ADDRESS **13880 S. TAMiami TR.**
CITY-ST-ZIP **FT MYERS FL 33912**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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: **Kim Morgan**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kim Morgan

4-3-01

Date

941 574 4663

Daytime Phone #

CR2E034 (10/00)