2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# J89669

Name:

Address:

City-St-Zip:

() Delete

MITCHELL, LORRAINE G

3405 FINCH STREET

ORLANDO, FL 32803

Entity Name: FREE ENTERPRISE COMPANY

FILED Feb 20, 2003 Secretary of State

| • | | | | | | | | |
|--|--|----------------|-------------------|---------|---|-------------|---|--|
| Current Principal Place of Business: | | | | | New Principal Place of Business: | | | |
| % HARLIN E. BESSIRE, JR. 151 DRENNEN RD. ORLANDO, FL 32806 | | | | | 151 DRENNEN ROAD ORLANDO, FL 32806 | | | |
| Current Mailing Address: | | | | | New Mailing Address: | | | |
| 151 DREN | I E. BESSIRE INEN RD.), FL 32806 | E, JR. | | | 151 DREN ORLANDO | | | |
| FEI Number: | : 59-2835173 | FEI Numbe | r Applied For() | FEI Nun | nber Not Appl | icable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | | | Name and Address of New Registered Agent: | | | |
| The above | o, FL 32801 named entity of Florida. | | | | f changing i | ts register | ed office or registered agent, or both, | |
| | Electro | onic Signature | of Registered Ag | ent | | | Date | |
| | mpaign Financi S AND DIRE | _ | Contribution (). | | ADDITION | S/CHANG | SES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | DP (BESSIRE, HA 723 E. SOUTI ORLANDO, F | H STREET | | | Title: Name: Address: City-St-Zip: | | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | VTD (BESSIRE, SU 723 E. SOUTI ORLANDO, F | H STREET | | | Title: Name: Address: City-St-Zip: | | () Change () Addition | |
| Title: | S (|) Delete | | | Title: | s | (X) Change () Addition | |

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.

Name:

Address:

City-St-Zip:

SIGNATURE: LORRAINE G MITCHELL S 02/20/2003

(X) Change () Addition

MITCHELL, LORRAINE G

2515 MOHAWK TRL

MAITLAND, FL 32751