

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L00000001503

FILED
Apr 29, 2002 8:00 AM
Secretary of State

Entity Name: FREEDOM FLYERS, LLC

Current Principal Place of Business:

28729 CROOKED STICK COURT
WESLEY CHAPEL, FL 33543

New Principal Place of Business:

Current Mailing Address:

28729 CROOKED STICK COURT
WESLEY CHAPEL, FL 33543

New Mailing Address:

FEI Number: 59-3640670

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMERITAX GROUP
7116 LAKE MAGNOLIA DRIVE
PORT RITCHEY, FL 34653 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

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: LAMPASONA, STEPHEN J
Address: 28729 CROOKED STICK COURT
City-St-Zip: WESLEY CHAPEL, FL 33543 US

Title: MGRM () Delete
Name: LAMPASONA, JOYCE E
Address: 28729 CROOKED STICK COURT
City-St-Zip: WESLEY CHAPEL, FL 33543 US

Title: MGRM () Delete
Name: ZACHMANN, ELAINE K
Address: 5617 CANNONADE DRIVE
City-St-Zip: WESLEY CHAPEL, FL 33544

ADDITIONS/CHANGES:

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

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

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: STEPHEN LAMPASONA

PRES

04/29/2002

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date