

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 05, 2002 8:00 am**  
**Secretary of State**

01-28-2002 90001 015 \*\*\*\*50.00

**DOCUMENT # L01000015568**

1. Entity Name

**FINANCIAL FREEDOM ONE, LLC**

Principal Place of Business

25740 HICKORY BOULEVARD #344D  
BONITA SPRINGS FL 34134

Mailing Address

25740 HICKORY BOULEVARD #344D  
BONITA SPRINGS FL 34134

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

JONES, RICHARD M  
850 CENTRAL AVENUE, SUITE 205  
NAPLES FL 34102

7. Name and Address of New Registered Agent

Name

U.S. Investor Services, Inc.

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

4901 Tamiami Trail N.

City Naples

FL

Zip Code 34103

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00****Make Check Payable to Department of State  
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BARKER, MELVIN E	
STREET ADDRESS	25740 HICKORY BOULEVARD #344D	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BARKER, ANNELLA	
STREET ADDRESS	25740 HICKORY BOULEVARD #344D	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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 is true and accurate and that my 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: *Melvin E Barker*

NOT REQUIRED

Barker

1-21-02

941-213-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)