

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0038241

DOCUMENT # L01000015568

1. Entity Name

FINANCIAL FREEDOM ONE, LLC



Principal Place of Business

25740 HICKORY BOULEVARD #344D
BONITA SPRINGS FL 34134

Mailing Address

4901 TAMiami TRAIL N
NAPLES FL 34103

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

APPLIED FOR

58-265 2383

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$5.00 Additional
Fee Required☐ CHECK HERE IF MAKING CHANGES3-002
FILED
03 JAN 29 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6. Name and Address of Current Registered Agent

U.S. INVESTURES SERVICES INC
4901 TAMiami TRAIL N
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME BARKER, MELVIN E
STREET ADDRESS 25740 HICKORY BOULEVARD #344D
CITY-ST-ZIP BONITA SPRINGS FL 34134TITLE MGRM ☐ Delete
NAME BARKER, ANNELLA
STREET ADDRESS 25740 HICKORY BOULEVARD #344D
CITY-ST-ZIP BONITA SPRINGS FL 34134TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 800011158828
CITY-ST-ZIP 01/29/03--01028--010 **50.00TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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*

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

1-21-03

Date

239-713-4000

Daytime Phone #

CR2E083 (10/02)