

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L18184**

1. Entity Name
FREEDOM AUTO, INC.

Principal Place of Business
**13300 95TH STREET NORTH
LARGO FL 33773
US**

Mailing Address
**% ANTON SLOBODA
12115 RHONDA TERR.
SEMINOLE FL 34642**

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. **Suite, Apt. #, etc.**

City & State **City & State**

Zip **Country** Zip **Country**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91175 009 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2970361** Applied For

Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SLOBODA, ANTON
4645 95TH ST. NORTH
ST. PETERSBURG FL 33708**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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 **D** Delete
NAME **SLOBODA, ANTON**
STREET ADDRESS **12115 RHONDA TERR**
CITY-ST-ZIP **SEMINOLE FL**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **D** Delete
NAME **SLOBODA, ROBERT**
STREET ADDRESS **12115 RHONDA TERR**
CITY-ST-ZIP **SEMINOLE FL**

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

TITLE **D** Delete
NAME **SLOBODA, GENEVIEVE**
STREET ADDRESS **12115 RHONDA TERR**
CITY-ST-ZIP **SEMINOLE FL**

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

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

Change Addition
TITLE Delete
NAME
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:

Anton Sloboda 425.02 727.581.8999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)