

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2003 8:00 am**  
**Secretary of State**

0619420 AT

DOCUMENT # **M33773**

1. Entity Name  
**HARRY FREEDMAN AND ASSOCIATES, INC.**



05-12-2003 90230 049 \*\*\*150.00

Principal Place of Business  
**10 LANFAIR ROAD**  
**UNIT #11**  
**ARDMORE PA 19003**

Mailing Address  
**10 LANFAIR ROAD**  
**UNIT #11**  
**ARDMORE PA 19003**



2. Principal Place of Business  
**1001 City Avenue**  
Suite, Apt. #, etc.  
**# EC 608**  
City & State  
**Wynnewood PA**

3. Mailing Address  
**1001 City Avenue**  
Suite, Apt. #, etc.  
**# EC 608**  
City & State  
**Wynnewood PA**

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2686995**

Applied For  
Not Applicable

Zip **19096** Country **USA**

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

6. Name and Address of Current Registered Agent

**BLUM, SAMUEL SPENCER**  
**2666 TIGERTAIL AVENUE**  
**SUITE 106**  
**COCONUT GROVE FL 33133**

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 \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FREEDMAN, HARRY A <del>10 LANFAIR ROAD UNIT #11</del> <b>1001 City Avenue</b> <del>ARDMORE PA 19003</del> <b>Wynnewood PA 19096</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Same as Above</b> <b>New Address</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**April 29, 2003** (6010)  
**649-1301**  
Date Daytime Phone #

CR2E034 (10/02)

Attachment  
# M33773  
10103902

W

Please note this Form  
was not Forwarded  
to Correct new Address  
New Address is on the  
UBR Form by Fred  
(610) 649-1301