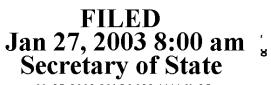
2003 NOT-FOR-PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)



| DOCUMENT # N9800005271 1. Entity Name FREEDOM FINANCIAL CONSULTANTS, INC. | | | | | | io) | 01-27-2003 90156 023 ****61.25 | | | |
|---|--|---|--|--|--------------------|--|--|--------------|-------------|--------|
| · | ce of Business IDA AVE., STE. 103 33803 | 1 | Mailing Address 3510 S. FŁORIDA AVE., STE. 103 LAKELAND FL 33803 | | | | • | | | |
| 3500 3 Syite, Apt | | Are. | Suite, Apt. #, etc | 3. Mailing Address 3500 5. Florida Ave Suite, Apt. #, etc. | | | CHECK HERE IF MAKING CHANGES | | | |
| Ste 6 City & State LAKELAND FloriDA | | | City & State LAKE / And Flori DA | | | 4. FEI Number 50 | 4. FEI Number 59-3541959 Applied For Not Applicable | | | |
| Zip | | | Zip | Zip Cou | | 5. Certificate of St | 5. Certificate of Status Desired S8.75 Add Fee Required | | ditional | 1 |
| 72000 | | Address of Current | | | 45A | 7. Name and Add | ress of New Register | red Agent | | 1 |
| | 3 | 2 ************************************ | The second secon | | Name | at I Can | er de <u>de la </u> | ~~ ·- ~ | - | 1 |
| CHRISTIAN, B. JOE 3510 S. FLORIDA AVE., STE. 103 LAKELAND FL 33803 | | | | | | Street Address (P.O. Box Number is Not Acceptable) 28// Shoas Creek Usillage Dr. | | | | |
| | | | | | City | Kelmd | | FL Zip Co | <i>80</i> 3 | 1 |
| the obliga | tions of registered | agent. ted name of registered agent | | | | quired when reinstating) | | AVE. | | |
| FILE NOW: FEE IS \$61.25 | | | | n Campaign und Contribu | • – | \$5.00 May Be Added to Fees | | | | |
| 10. | . . | OFFICERS AND DI | RECTORS | 11. | | ADDITIONS/CHANGE | ES TO OFFICERS AN | DIRECTORS IN | I 10 | 1 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD LYNN, LARRY 1143 LK POIN LAKELAND FL | T _e terr | ☐ Delete | 1 | 1 | | | ☐ Change | Addition | 10/02) |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD CHRISTIAN, B 403 S RD LAKELAND FL | | ☐ Delete | | i | | - | ☐ Change | Addition | [685] |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD CARUSO, JOY | T Creek Village Di | Delete | NAM STR | E ADDRESS Y-ST-ZIP | and the second s | e e e e e e e e e e e e e e e e e e e | Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | | ſ | | | ☐ Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | | I | , | | ☐ Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | | , | | | ☐ Change | 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 617, 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:

1/22/03