

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90156 023 ****61.25

DOCUMENT # N98000005271

1. Entity Name

FREEDOM FINANCIAL CONSULTANTS, INC.



Principal Place of Business

**3510 S. FLORIDA AVE., STE. 103
LAKELAND FL 33803**

Mailing Address

**3510 S. FLORIDA AVE., STE. 103
LAKELAND FL 33803**

2. Principal Place of Business

3500 S. Florida Ave.

3. Mailing Address

3500 S. Florida Ave.

Suite, Apt. #, etc.

STE 6

Suite, Apt. #, etc.

STE 6

City & State

LAKELAND, FLORIDA

City & State

LAKELAND FLORIDA

Zip

33803

Country

USA

Zip

33803

Country

USA

6. Name and Address of Current Registered Agent

CHRISTIAN, B. JOE

**3510 S. FLORIDA AVE., STE. 103
LAKELAND FL 33803**

7. Name and Address of New Registered Agent

Name **JOY T. CARUSO**

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

2811 Shoal Creek Village Dr.

City

LAKELAND

FL

Zip Code

33803

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **LYNN, LARRY H JR**
STREET ADDRESS **1143 LK POINT TERR**
CITY-ST-ZIP **LAKELAND FL 33813**

TITLE **VD** ☐ Delete
NAME **CHRISTIAN, B J**
STREET ADDRESS **403 S RD**
CITY-ST-ZIP **LAKELAND FL 33809**

TITLE **STD** ☐ Delete
NAME **CARUSO, JOY T**
STREET ADDRESS **2811 SHOAL CREEK VILLAGE DR**
CITY-ST-ZIP **LAKELAND FL 33803**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

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:

SIGNATURE REQUIRED

1/22/03

CR2E037 (10/02)