

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

APPROVED  
AND  
FILED

02 JAN 14 AM 11:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000017792

1. Entity Name

Freeman Old & New INC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

79 Southern Drive

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Crawfordville FL

City & State

4. FEI Number

59-3175520

Applied For

Not Applicable

Zip  
32327

Country  
USA

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Eugene L Freeman

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

City Crawfordville

FL

Zip Code  
32327

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) ☐

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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 P.  
NAME Eugene Freeman  
STREET ADDRESS 79 Southern Drive  
CITY-ST-ZIP Crawfordville, FL 32327

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S  
NAME Rachel W. Wilkerson  
STREET ADDRESS 79 Southern Dr  
CITY-ST-ZIP Crawfordville FL 32327

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP  
NAME Lonnie Freeman  
STREET ADDRESS 79 Southern Dr  
CITY-ST-ZIP Crawfordville, FL 32327

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TITLE  
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TITLE  
NAME  
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Eugene L Freeman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-14-02 850-2940196

CR2E034B (12/01)