

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

DOCUMENT # P00000017792

1. Entity Name

Freeman Old & New Inc.

FILED

02 JUL 11 PM 2:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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-07/25/02--01058--002

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**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3. Mailing Address

79 Southern Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Crawfordville Fla

City & State

Crawfordville Fla 32327

4. FEI Number

593175570

Applied For

Not Applicable

Zip

32327

Country

Wakulla

Zip

32327

Country

Wakulla

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 Freeman

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

79 Southern Dr

Crawfordville Fla 32327

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) ☐

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President  
Freeman Eugene  
79 Southern Dr  
Crawfordville Fla 32327

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V. President  
Freeman Lonnie  
79 Southern Dr  
Crawfordville Fla 32327

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CR2E034B (12/01)

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

7-11-02 850-2514297

Date

Daytime Phone #