

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

FILED
Sep 12, 2002 8:00 am
Secretary of State

09-12-2002 90093 027 ***550.00

DOCUMENT # P00000025308

1. Entity Name

BOARDWALK FUNTIME FOR FREEDOM, INC.

DO NOT WRITE IN THIS SPACE

980324

2. Principal Place of Business

777 DUNLAP CIRCLE

Suite, Apt. #, etc.

WINTER SPRINGS

City & State

FLORIDA

Zip

32708

Country

3. Mailing Address

777 DUNLAP CIRCLE

Suite, Apt. #, etc.

City & State

WINTER SPRING, FLA

Zip

32708

Country

4. FEI Number

11-2163487

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

NATIONSCORP REGISTERED AGENTS, INC

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

526 PARK AVENUE

City

TALLAHASSEE

FL

Zip Code

32301

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
P/S
FINGER, ERIC S.
101 N. WELLWOOD AVE
LINDENHURST, NY 11757

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T
MONTENURRO, JEANNE
45 SAMM DRIVE
FARMINGDALE, NY 11735

TITLE
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/11/02

Date

(631) 249-4247

Daytime Phone #