2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000087828

1. Entity Name

FREEDOM BILLING, INC.

Mailing Address

FILED Apr 13, 2001 8:00 am Secretary of State 04-13-2001 90018 042 ***150.00

		Mailing Address							
		3901 71ST ST. WEST NO. 74 BRADENTON FL 34209							
2. Principal F	Place of Business	3. Mailing Address							11 (11) (11) 11 (11) (11)
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & Stat	<u>e</u>	City & State			4. F	El Number (55 - 104.74	87 -		pplied For ot Applicable
Zip	Country	Zip	Country	,	5. (Certificate of Status Desired		8.75 Add ee Require	
	6. Name and Address of Current	Registered Agent			7. N	7. Name and Address of New Registered Agent			
			·	Name					
TAYLOR, CATHERINE 3901 71ST ST. WEST NO. 74 BRADENTON FL 34209				Street Address (P.O. Box Number is Not Acceptable)					
Diva	SENTON I E O'REGO			City			FL	Zip Code	
8. The above	named entity submits this statement for	the purpose of changing its	registered	office or	registered age	ent, or both, in the State of FI	orida.	<u> </u>	
					•	,			}
SIGNATURE									
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	E: Registered A	gent si gnatu	e equired when rei	instating)	DATE		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		After MAY 1, 20	FILE NOW!!! FEE IS \$150.0 After MAY 1, 2001 Fee will be \$5: Make Check Payable to Department		50.00	10, Election Campaign Fit Trust Fund Contribution	• -		0 May Be
				artment				T	
11.	OFFICERS AND I		12.			DITIONS/CHANGES TO OFF		☐ Change	Addition
TITLE NAME	President	☐ Delete	TITLE NAME	ł	ķ			Change	☐ Addition
STREET ADDRESS 3901 719 SA. W # 74		•		ADDRESS]
CITY-ST-ZIP	BRADENTON FL 34		CITY-ST	r-ZIP					}
TITLE		☐ Delete	TITLE		,			Change	☐ Addition
NAME .			NAME						}
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NAME			NAME						
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		☐ Delete						Change	Addition
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CITY-ST-ZIP			CITY-ST	- 2 P			·		
TITLE NAME		☐ Delete	TITLE)				Change	Addition
NAME STREET ADDRESS			NAME Street A	ADDRESS					1
CITY-ST-ZIP			CITY-ST	I					}
	ertify that the information supplied with	this filing does not qualify for			ed in Section 1	19.07(3)(i), Florida Statutes	I further certif	v that the in	formation

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 2