

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State
 05-19-2002 90238 007 ***150.00

DOCUMENT # P01000119147

1. Entity Name
FREEBEE BY BDG. INC.

Principal Place of Business
2611 ROXBURY RD.
WINTER PARK FL 32789

Mailing Address
2611 ROXBURY RD.
WINTER PARK FL 32789

2. Principal Place of Business
Same as above

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
82-0541327

☒ **Applied For**
☐ **Not Applicable**

Zip **Country**

Zip **Country**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

WOOD, THEODORE P
2611 ROXBURY RD.
WINTER PARK FL 32789

Please remove Mr. Wood. I no longer want his representation.

7. Name and Address of New Registered Agent

Name **David Griner**
Street Address (R.O. Box Number is Not Acceptable) **2611 Roxbury Rd.**
City **Winter Park** **FL** **Zip Code** **32789**

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 *David Griner (Owner)* **DATE** **4/19/02**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **(See criteria on back)**

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	GRINER, DAVID	
STREET ADDRESS	2611 ROXBURY RD.	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *David Griner* **4/28/02** **407-644-1941**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E034 (9/01)