

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90151 041 \*\*\*150.00

DOCUMENT # P02000000983

1. Entity Name  
FREESTYLE ENTERPRISES, INC.



Principal Place of Business  
6112 NW 45 STREET AVE  
COCONUT CREEK FL 33073-1971

Mailing Address  
6112 NW 45 STREET AVE  
COCONUT CREEK FL 33073-1971



2. Principal Place of Business  
6112 NW 45 AVE  
Suite, Apt. #, etc.

3. Mailing Address  
6112 NW 45 AVE  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number 80-0021672

Applied For  
Not Applicable

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

Zip Country

Zip Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SOPHIN, MICHAEL J  
255 GRANTHAM E 6112 NW 45 AVE  
DEERFIELD BEACH FL 33442 Coconut Creek, FL  
33073

Name  
Street Address (P.O. Box Number is Not Acceptable)  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/10/03  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPST  
SOPHIN, MICHAEL J  
255 GRANTHAM E 6112 NW 45 AVE  
DEERFIELD BEACH FL 33442 Coconut Creek  
FL 33073

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
6112 NW 45 AVE  
Coconut Creek, FL 33073

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/03  
Date

954-428-3600  
Daytime Phone #

CR2E034 (10/02)