

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90346 047 ***150.00

DOCUMENT # P02000011072



1. Entity Name
WILLIAM H. FREEMAN CONSTRUCTION, INC.

Principal Place of Business
**409 E. DUVAL ST., SUITE 3
LAKE CITY FL 32055**

Mailing Address
**409 E. DUVAL ST., SUITE 3
LAKE CITY FL 32055**



2. Principal Place of Business
305 East Duval St.
Suite, Apt. #, etc.
Suite 3

3. Mailing Address
305 East Duval St.
Suite, Apt. #, etc.
Suite 3

City & State
Lake City, FL 32055
Zip
32055 Country
USA

City & State
Lake City, FL 3
Zip
32055 Country
USA

4. FEI Number
03-0419539

Applied For
 Not Applicable

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**FREEMAN, WILLIAM H
409 E. DUVAL ST., SUITE 3
LAKE CITY FL 32055**

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) 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	D <input type="checkbox"/> Delete
NAME	FREEMAN, WILLIAM H
STREET ADDRESS	409 E. DUVAL ST., SUITE 3
CITY-ST-ZIP	LAKE CITY FL 32055
TITLE	D <input type="checkbox"/> Delete
NAME	FREEMAN, REBECCA M
STREET ADDRESS	RT. 16 BOX 792
CITY-ST-ZIP	LAKE CITY FL 32055
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: Rebecca M. Freeman 1-23-03 (386) 758-4209
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)