

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000017715

1. Entity Name  
FREEDOM INTERNATIONAL INC.



**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90192 024 \*\*\*150.00

0508181 AV

Principal Place of Business  
120 TANGERINE ROAD N.W.  
LAKE PLACID, FL 33852

Mailing Address  
120 TANGERINE ROAD N.W.  
LAKE PLACID, FL 33852



2. Principal Place of Business  
**4424 NAUABRE AVE**  
Suite, Apt. #, etc.

3. Mailing Address  
**4424 NAUABRE AVE**  
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
**SEBRING, FL**  
Zip  
**33872-2108** Country  
**USA**

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**SEBRING, FL**  
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4. FEI Number  
**010608851**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**COE, WILLIAM D**  
**4510 NORTH KEY DRIVE**  
**# 205**  
**FORT MYERS FL 33903**

7. Name and Address of New Registered Agent

Name  
**WILLIAM D. COE**  
Street Address (P.O. Box Number is Not Acceptable)  
**441 14th AVE SW**  
City  
**NAPLES** FL **34102**

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 *William D. Coe*  
**WILLIAM D. COE**

**4-23-03**  
(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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY/TREAS. DIR.</b> <b>REBECCA A. ENGLISH</b> <b>4424 NAUABRE AVE</b> <b>SEBRING, FL 33872</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>JAMES E. WOOD III</b> <b>120 TANGERINE RD. NW</b> <b>LAKE PLACID, FL 33852</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY-TREAS- DIR</b> <b>REBECCA A. ENGLISH</b> <b>4424 NAUABRE AVE.</b> <b>SEBRING, FL 33872</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>JAMES E. WOOD III</b> <b>120 TANGERINE RD. NW</b> <b>LAKE PLACID, FL 33852</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 A. English*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**April 28, 03 (863) 471-9888**  
Date Daytime Phone #

CR2E034 (10/02)