

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90312 045 ***150.00

DOCUMENT # P02000023256

1. Entity Name
FREEDMAN FINANCIAL GROUP OF PORT ST LUCIE INC.



Principal Place of Business
2430 SE HILLARD ROAD
PORT ST LUCIE FL 34952

Mailing Address
2430 SE HILLARD ROAD
PORT ST LUCIE FL 34952

2. Principal Place of Business
7410 SOUTH US1
Suite, Apt. #, etc.
STE 307

3. Mailing Address
7410 SOUTH US1
Suite, Apt. #, etc.
STE 307

City & State
PORT SAINT LUCIE, FL

City & State
PORT SAINT LUCIE, FL

4. FEI Number
04-3605547

Applied For
Not Applicable

Zip
34952

Country
USA

Zip
34952

Country
USA

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

6. Name and Address of Current Registered Agent

FREEDMAN, BARRY B
2430 SE HILLARD ROAD
PORT ST LUCIE FL 34952

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
7410 SOUTH US1
STE 307
City **PORT SAINT LUCIE** **FL** **Zip Code** **34952**

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) **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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ **Delete**
NAME **FREEDMAN, BARRY B**
STREET ADDRESS **2430 SE HILLARD ROAD**
CITY-ST-ZIP **PORT ST LUCIE FL 34952**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☒ **Change** ☐ **Addition**
TITLE
NAME
STREET ADDRESS **1317 SW COTTONWOOD COVE**
CITY-ST-ZIP **PORT SAINT LUCIE FL 34986**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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CITY-ST-ZIP

TITLE ☐ **Change** ☐ **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: ☒ **SIGNATURE** **(PRESIDENT)** **3/25/03** **772-336-4449**
BARRY B. FREEDMAN **Date** **Daytime Phone #**

CR2E034 (10/02)