2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State
04-14-2003 90946 042 ***150.00

DOCUMENT # P02000065994

1. Entity Name
FREEDOM REAL ESTATE VENTURES, INC.

Principal Place of Business	Mailing Address
9909 RACE TRACK ROAD TAMPA, FL 33626	9909 RACE TRACK ROAD TAMPA, FL 33626

[X] CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
3802 Ehrlich Road	Same
Suite, Apt. #, etc.: Suite 311	Suite, Apt. #, etc.:
City & State: Tampa, FL	City & State:
Zip: 33624 Country: USA	Zip: Country:

4. FEI Number: 03-0472729 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JONES, DANIEL W 9909 RACE TRACK ROAD TAMPA, FL 33626	Name: Daniel W. Jones Street Address (P.O. Box Number Is Not Acceptable): 3802 Ehrlich Rd., Suite 311 City: Tampa FL Zip Code: 33624

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] Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 4-8-03

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	DPT ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	JONES, DANIEL W	NAME	
STREET ADDRESS	16618 W COURT DR	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33624	CITY-ST-ZIP	
TITLE	DVS ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	REIFF, MICHELLE A	NAME	
STREET ADDRESS	16618 W. COURT DROAD	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33624	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 4-8-03 — Daytime Phone #: 813-769-0504

CR2E034 (10/02)