

modified **FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

*Amended*

DOCUMENT # *P02000089466*

1. Entity Name  
*FREEMAN Electrical Services Inc*

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 SEP -3 AM 11:37

**DO NOT WRITE IN THIS SPACE**

200023276492  
09/23/03--01021--021 \*\*70.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>Lake City</i> Suite, Apt. #, etc. <i>RT 15 Box 4000</i>		3. Mailing Address <i>PO Box 2318</i> Suite, Apt. #, etc.	
City & State <i>Lake City FL</i>		City & State <i>Lake City FL</i>	
Zip <i>32024</i>	Country <i>Columbia</i>	Zip <i>32054</i>	Country <i>Columbia</i>

4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name <i>MARCUS FREEMAN</i>	
Street Address (P.O. Box Number is Not Acceptable)	
<i>RT 15 Box 4000</i>	
City <i>Lake City</i>	FL Zip Code <i>32024</i>

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.

SIGNATURE *Marcus D. Freeman*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*9-3-03*  
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Incorporator, President MARCUS FREEMAN RT 15 Box 4000 Lake City FL 32024</i>		
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13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Marcus D. Freeman* **MARCUS FREEMAN** *9-3-03* *386984-0738*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)