## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P02000090662

355 S OCEAN DR

FORT PIERCE, FL 34949

Address: City-St-Zip:

Entity Name: FREEDOM FATHER & SONS CORP.

FILED May 01, 2003 Secretary of State

| Current P                                     | rincipal Place of Business:   | New Principal Plac                           | New Principal Place of Business:          |  |
|---|---|--|---|--|
| 355 S OCE<br>FORT PIE                         | EAN DR<br>RCE, FL 34949   |  |   |  |
| Current Mailing Address:                      |   | New Mailing Addre                            | New Mailing Address:                      |  |
| 355 S OCE<br>FORT PIE                         | EAN DR<br>RCE, FL 34949   |  |   |  |
| FEI Number                                    | : FEI Number Applied  | d For (X) FEI Number Not Applicable ( )      | Certificate of Status Desired ( )         |  |
| Name and Address of Current Registered Agent: |   | Agent: Name and Address                      | Name and Address of New Registered Agent: |  |
| 3600 SOU<br>SUITE 220<br>MIRAMAR<br>The above | , FL 33023 US<br>named entity submits this statemed<br>of Florida.      | ent for the purpose of changing its register | ed office or registered agent, or both,   |  |
|   | Electronic Signature of Reg   | gistered Agent                               | Date                                      |  |
|   | mpaign Financing Trust Fund Contribu<br>S AND DIRECTORS:                | • •  | SES TO OFFICERS AND DIRECTORS:            |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | P () Delete<br>CALI, NATHAN<br>355 S OCEAN DR<br>FORT PIERCE, FL 34949  | Title:<br>Name:<br>Address:<br>City-St-Zip:  | ( ) Change ( ) Addition                   |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | VP ( ) Delete<br>CALI, JONAH<br>355 S OCEAN DR<br>FORT PIERCE, FL 34949 | Title:<br>Name:<br>Address:<br>City-St-Zip:  | ( ) Change ( ) Addition                   |  |
| Title:<br>Name:                               | D ( ) Delete<br>CALI, WILLIAM   | Title:<br>Name:                              | ( ) Change ( ) Addition                   |  |

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: NATHAN CALI P 05/01/2003