

FILED  
Apr 25, 2003 8:00 am  
Secretary of State

04-25-2003 90282 011 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000097627

1. Entity Name  
**FREELANCE MARKETING, INC.**



30105989

Principal Place of Business

Mailing Address

2. Principal Place of Business

**8121 BLUERIDGE LANE**

Suite, Apt. #, etc.

3. Mailing Address

**8121 BLUERIDGE LANE**

Suite, Apt. #, etc.

City & State

**PARKLAND, FLORIDA**

City & State

**PARKLAND, FLORIDA**

Zip

**33067**

Country

**USA**

Zip

**33067**

Country

**USA**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

☒ 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

Name

**SHARON Y PHILLIPS, FREELANCE MARKETING**

Street Address (P.O. Box Number is Not Acceptable)

**8121 BLUERIDGE LANE**

City

**PARKLAND**

FL

Zip Code

**33067**

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 acknowledge the obligations of registered agent.

SIGNATURE

*Sharon Phillips*

**PRESIDENT, FREELANCE MARKETING INC 4/21/03**

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent's signature required when appointing)

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  
Added to Fee

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☒ Change ☐ Add  
**PRESIDENT  
SHARON Y PHILLIPS  
8121 BLUERIDGE LANE  
PARKLAND, FLORIDA 33067**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☒ Change ☐ Add  
**VICE PRESIDENT  
JEREMY I PHILLIPS  
8121 BLUERIDGE LANE  
PARKLAND, FLORIDA 33067**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Add

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Add

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Add

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Add

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.

SIGNATURE:

*Sharon Phillips* **PRESIDENT**

**4/21/03 954-575 49**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #