

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90061 041 ***150.00

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DOCUMENT # P02000122752

1. Entity Name

FREEDOM ENTERPRISE GROUP, INC.



Principal Place of Business

**156 THURSTON PL
CRESTVIEW FL 32536**

Mailing Address

**156 THURSTON PL
CRESTVIEW FL 32536**

2. Principal Place of Business

101 Hospital Dr.

3. Mailing Address

2260 S. Fardon Blvd.

Suite, Apt. #, etc.

#1165

City & State

Crestview, FL

Zip

32536

Country

USA

City & State

Crestview, FL

Zip

32536

Country

USA

4. FEI Number

16-1652434

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**KNOWLES, LYNWOOD E
253 S. BAYSHORE DR
VALPARAISO FL 32580**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Lynwood E. Knowles

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

3/25/03

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

TITLE **P** ☐ Delete

NAME **KNOWLES, LYNWOOD**
STREET ADDRESS **253 S. BAYSHORE DR**
CITY-ST-ZIP **VALPARAISO FL 32580**

TITLE **VP** ☐ Delete

NAME **CASTLEBERRY, TERRY B**
STREET ADDRESS **156 THURSTON PL**
CITY-ST-ZIP **CRESTVIEW FL 32536**

TITLE **VP** ☐ Delete

NAME **CASTLEBERRY, JEANIE K**
STREET ADDRESS **156 THURSTON PL**
CITY-ST-ZIP **CRESTVIEW FL 32536**

TITLE **VP** ☐ Delete

NAME **KNOWLES, BARBARA M**
STREET ADDRESS **253 S. BAYSHORE DR**
CITY-ST-ZIP **VALPARAISO FL 32580**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

NAME **Knowles, Lynwood E.**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME **Sec/Treas. Castleberry, Jeanine K.**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
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

Lynwood E. Knowles

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/03

Date

850-682-0100

Daytime Phone #

CR2E034 (10/02)