

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90058 034 ***150.00

DOCUMENT # P93000018320

1. Entity Name

FREEL FINANCIAL SERVICES, INC.

A0040167



DO NOT WRITE IN THIS SPACE

Principal Place of Business
5201 W. KENNEDY BLVD.
#115
TAMPA FL 33609
US

Mailing Address
5201 W. KENNEDY BLVD.
#115
TAMPA FL 33609-1816
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

#710

Suite, Apt. #, etc.

#710

City & State

City & State

4. FEI Number

59-3169784

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FREEL, JANE
7223 GENNAKER DRIVE
TAMPA FL 33607

7. Name and Address of New Registered Agent

Name
Freel, Jane
Street Address (P.O. Box Number is Not Acceptable)
2795 Kipps Colony Dr. #104
City
Saint Petersburg, FL Zip Code
33707

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/12/00

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

☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPVS
FREEL, JANE
7223 GENNAKER DRIVE
TAMPA FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPVS
Freel, Jane
2795 Kipps Colony Dr. #104
Saint Petersburg, FL 33707

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
FREEL, JANE
7223 GENNAKER DRIVE
TAMPA FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Freel, Jane
2795 Kipps Colony Dr. #104
Saint Petersburg, FL 33707

☒ Change ☐ Addition

TITLE
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☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/12/00 (813) 285-526