

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000027361

1. Entity Name  
FREEDOM REALTY SERVICES, INC.

Principal Place of Business  
10707 66 ST N  
5  
PINELLAS PK FL 33782  
US

Mailing Address  
6746 BONNIE BAY CIRCLE  
PINELLAS PARK FL 33781  
US

2. Principal Place of Business

3. Mailing Address

P.O. Box 40395

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
ST. PETERSBURG FL

Zip

Country

Zip

Country

33743 PINELLAS

4. FEI Number

59-3179797

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CHICHESTER, DARRELL  
6746 BONNIE BAY CIRCLE  
PINELLAS PARK FL 33781

7. Name and Address of New Registered Agent

Name  
DARRELL CHICHESTER  
Street Address (P.O. Box Number is Not Acceptable)  
3934 1/2 10th Ave NW  
City ST. Petersburg FL Zip Code 33713

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

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, 2002 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

TITLE VP  
NAME CHICHESTER, DARRELL  
STREET ADDRESS 6746 BONNIE BAY CIRCLE  
CITY-ST-ZIP PINELLAS PARK FL 33781 ☐ 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE  
NAME  
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: Darrell Chichester DARRELL CHICHESTER

1/4/01

**FILED**  
**Jan 08, 2002 8:00 am**  
**Secretary of State**

01-08-2002 90026 004 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)