

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 25, 2000 8:00 am**
Secretary of State

04-25-2000 90141 019 ***150.00

DOCUMENT # P93000071153

1. Entity Name

FREEDOM FINDERS, INC.

Principal Place of Business

**1416 NEWBRIDGE LANE
ORLANDO FL 32825
US**

Mailing Address

**4564 WETHERBEE RD
ORLANDO FL 32776-9142
US**

2. Principal Place of Business

28014 HWY 46A
Suite, Apt. #, etc.

3. Mailing Address

28014 HWY 46A
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Sorrento FL

City & State

Sorrento FL4. FEI Number **59-3205772**

Applied For

Not Applicable

Zip

32776

Country

USA

Zip

32776

Country

USA5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LYONS, KENNETH L
4564 WETHERBEE ROAD
ORLANDO FL 32824**

7. Name and Address of New Registered Agent

Name

LYONS, Kenneth L.

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

28014 HWY 46A

City

Sorrento**FL**

Zip Code

32776

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

Kenneth L. Lyons President**4/19/00**

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, 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

TITLE	P	<input type="checkbox"/> Delete
NAME	LYONS, KENNETH L.	
STREET ADDRESS	4564 WETHERBEE RD	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LYONS, KELLY	
STREET ADDRESS	1416 NEWBRIDGE LANE	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	28014 HWY 46A	
CITY-ST-ZIP	Sorrento, FL 32776	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	28014 HWY 46A	
CITY-ST-ZIP	Sorrento, FL 32776	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Kenneth L. Lyons
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**4/19/00**
Date**352-385-4422**
Daytime Phone #