

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000071153

1. Entity Name

FREEDOM FINDERS, INC.

Principal Place of Business

28014 HWY 46A
SORRENTO FL 32776
US

Mailing Address

28014 HWY 46A
SORRENTO FL 32776
US

2. Principal Place of Business

4564 Wetherbee Rd

3. Mailing Address

P.O. BOX 627166

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32824

Country

ORANGE

Zip

32862

Country

ORANGE

4. FEI Number

59-3205772

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LYONS, KENNETH L
28014 HWY 461
SORRENTO FL 32776

7. Name and Address of New Registered Agent

Name

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

4564 Wetherbee Rd

City

Orlando

FL

Zip Code

32824

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, type, or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/15/01

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, 2001 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
NAME LYONS, KENNETH L.
STREET ADDRESS 28014 HWY 46A
CITY-ST-ZIP SORRENTO FL 32776 ☐ Delete

TITLE VP
NAME LYONS, KELLY
STREET ADDRESS 28014 HWY 46A
CITY-ST-ZIP SORRENTO FL 32776 ☐ 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 P.O. BOX 627166
CITY-ST-ZIP ORLANDO, FL 32862 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS P.O. BOX 627166
CITY-ST-ZIP ORLANDO, FL 32862 ☒ Change ☐ Addition

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER, DIRECTOR

3/15/01

DATE

407-947-4850

Daytime Phone #

0483713

CR2E034 (10/00)

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90402 044 ***150.00

00029364



DO NOT WRITE IN THIS SPACE