

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 03, 2001 8:00 am**
Secretary of State

04-12-2001 90042 043 ***150.00

DOCUMENT # P94000010555

1. Entity Name

FREEDOM TRANSPORT, INC.

Principal Place of Business

**1800 E. MAIN STREET
LEESBURG FL 34748
US**

Mailing Address

**P.O. BOX 537
LAKE PANASOFFKEE FL 33538-0537
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3224155**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GOUGH, JAMES C
4750 CR 309 B
P.O. BOX 537
LAKE PANASOFFKEE FL 33538***Expired 4/7/01*Name **GEM C. Gough**

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

**4750 CR 309-B
P.O. Box 537**City **LAKE PANASOFFKEE****FL**Zip Code **33538-0537**

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

*Gem C. Gough Director, Sec. Tres**4/23/01*

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	GOUGH, JAMES C	
STREET ADDRESS	4750 CR 309-B	
CITY-ST-ZIP	LAKE PANASOFFKEE FL	

EXPIRED 4/7/01

TITLE	DVST	<input type="checkbox"/> Delete
NAME	GOUGH, GEM C	
STREET ADDRESS	4750 CR 309-B	
CITY-ST-ZIP	LAKE PANASOFFKEE FL	

TITLE		<input type="checkbox"/> Delete
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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:

*Gem C. Gough - Pres. Sec. Tres**4/23/01**352-528-3450*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)