

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90194 027 \*\*\*150.00

DOCUMENT # **P94000010555**

1. Entity Name  
**FREEDOM TRANSPORT, INC. DBA**

**Mobile Communication Systems Inc**



Principal Place of Business

**1600 E. MAIN STREET**

**LEESBURG FL 34748**

**US**

Mailing Address

**P.O. BOX 537**

**LAKE PANASOFFKEE FL 33538-0537**

**US**

2. Principal Place of Business

**4750 CR 309-B**

Suite, Apt. #, etc.

3. Mailing Address

**4750 CR 309-B**

Suite, Apt. #, etc.

City & State

**LAKE PANASOFFKEE, FL**

City & State

**LAKE PANASOFFKEE, FL**

Zip

**33538**

Country

**USA**

Zip

**33538**

Country

**USA**

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

**GOUGH, GEM C**

**4750 CR 309 B**

**P.O. BOX 537**

**LAKE PANASOFFKEE FL 33538**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **~~DVST~~ Pres, Sec, Tres** ☐ Delete

NAME **GOUGH, GEM C**

STREET ADDRESS **4750 CR 309-B**

CITY-ST-ZIP **LAKE PANASOFFKEE FL**

TITLE **VP** ☐ Delete

NAME **Robert B Sellar, III**

STREET ADDRESS **4750 CR 309-B**

CITY-ST-ZIP **LAKE PANASOFFKEE, FL 33538**

TITLE ☐ Delete

NAME ☐ Delete

STREET ADDRESS ☐ Delete

CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete

NAME ☐ Delete

STREET ADDRESS ☐ Delete

CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete

NAME ☐ Delete

STREET ADDRESS ☐ Delete

CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete

NAME ☐ Delete

STREET ADDRESS ☐ Delete

CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/14/03**

Date

**352-250-3450**

Daytime Phone #

CR2E034 (10/02)

# State of Florida

90029024



Department of State

Attachment

P94000010555

I certify from the records of this office that MOBILE COMMUNICATION SYSTEMS, INC. is a Fictitious Name registered with the Department of State on January 6, 2003.

The Registration Number of this Fictitious Name is G03006900051.

I further certify that said Fictitious Name Registration is active.

I further certify that this office began filing Fictitious Name Registrations on January 1, 1991, pursuant to Section 865.09, Florida Statutes.

Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this the  
Sixth day of January, 2003



CR2EO22 (7-02)

*Jim Smith*

Jim Smith  
Secretary of State