

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000080156

1. Entity Name

FREEDOM QUALITY CLEANERS, INC.

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90175 034 \*\*\*150.00

Principal Place of Business

8185 PAGODA DRIVE  
SPRING HILL FL 34606

Mailing Address

8185 PAGODA DRIVE  
SPRING HILL FL 34606-6821

2. Principal Place of Business

4399 Collins Rd

3. Mailing Address

4399 Collins Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Spring Hill, FL

City & State

Spring Hill

4. FEI Number

59-3276621

Applied For

Not Applicable

Zip Country

34606 Hernando

Zip Country

34606 Hernando

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

MCDONALD, CAROL  
8185 PAGODA DRIVE  
SPRING HILL FL 34606

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.

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, 2000 Fee will be \$550.00**

**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution.

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME MCDONALD, CAROL  
STREET ADDRESS 8185 PAGODA DRIVE  
CITY-ST-ZIP SPRING HILL FL 34606

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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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:

*Carol McDonald*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-00 352-686-6959

CR2E034 (9/99)