

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90135 017 ***150.00

DOCUMENT # P95000012449

1. Entity Name
FREEDOM 1, INC.



Principal Place of Business
~~7135 SR 52~~
~~208~~
~~HUDSON FL 34667-6748~~
~~US~~

Mailing Address
P.O. BOX 1363
TARPON SPRINGS FL 34688
~~US~~

2. Principal Place of Business
4830 W. Kennedy Blvd.

3. Mailing Address

Suite, Apt. #, etc.
Suite 335

Suite, Apt. #, etc.

City & State
Tampa, FL

City & State

Zip
33609

Country

Zip

Country

4. FEI Number **59-3304136**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

ALLEN, C. STEPHEN ESQ
4830 WEST KENNEDY BOULEVARD
SUITE 335
TAMPA FL 33609

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 **DP** ☐ Delete
NAME **BUNDY, GREG A**
STREET ADDRESS **989 RIVERSIDE RIDGE ROAD**
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE **DS** ☐ Delete
NAME **BUNDY, MARY ELIZABETH**
STREET ADDRESS **989 RIVERSIDE RIDGE ROAD**
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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

1/21/03 727-853-1622
Date Daytime Phone #

CR2E034 (10/02)