

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000054745

1. Entity Name

FREEDOM MORTGAGE SERVICES INC.

Processing

Principal Place of Business
2901 58TH AVE N
ST. PETERSBURG FL 33714

Mailing Address
2901 58TH AVE N
ST. PETERSBURG FL 33714

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 59-3386662

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

DONOVAN, WILLIAM
515 APPIAN WAY NE
ST. PETERSBURG FL 33704

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, 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 P ☐ Delete
NAME DONOVAN, WILLIAM
STREET ADDRESS 515 APPIAN WAY NE
CITY-ST-ZIP ST. PETERSBURG FL 33704

TITLE Vice President ☐ Change ☒ Addition
NAME Dennis Donovan
STREET ADDRESS 5812 30 Ave. N.
CITY-ST-ZIP St. Petersburg FL 33710

TITLE VP ☒ Delete
NAME RICHARD CORSI
STREET ADDRESS 2791 58TH ST. N.
CITY-ST-ZIP ST. PETERSBURG FL 33710

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

TITLE VP ☐ Delete
NAME GOODALE, MICHELLE
STREET ADDRESS 714 45TH AVE NE
CITY-ST-ZIP SAINT PETERSBURG FL 33703

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

TITLE VP ☐ Delete
NAME KEENEY, MICHELLE
STREET ADDRESS 154 45TH AVE NE
CITY-ST-ZIP SAINT PETERSBURG FL 33703

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

Michelle Keeney

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-23-01

Date

727-520-1700

Daytime Phone #

CR2E034 (10/00)

0363610

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90085 040 ***150.00

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DO NOT WRITE IN THIS SPACE