

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000097643

1. Entity Name

FREDDIE'S INVESTMENTS, INC.

FILED

Apr 25, 2000 8:00 am  
Secretary of State

04-25-2000 90093 003 \*\*\*150.00

Principal Place of Business

Mailing Address

14135 RIDGE CREEK CT.  
ORLANDO FL 32824

P.O. BOX 771133  
ORLANDO FL 32877-1133

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3421120

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

Name FRED SHONOLA  
Street Address (P.O. Box Number is Not Acceptable)  
14135 RIDGE CREEK CT  
City ORLANDO FL Zip Code 32824

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)

4/18/00  
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. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD  
NAME SHONOLA, FRED A  
STREET ADDRESS 14135 RIDGE CREEK CT.  
CITY-ST-ZIP ORLANDO FL 32824

TITLE ACCOUNT MANAGER  
NAME GEORGE SHONOLA  
STREET ADDRESS 14135 RIDGE CREEK CT.  
CITY-ST-ZIP ORL. FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR FRED SHONOLA 4/18/00 (407)858-9782  
Date Daytime Phone #

CR2E034 (9/99)