

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

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

03-17-2003 91087 043 \*\*\*150.00

DOCUMENT # P97000051884

1. Entity Name

Freedom Cards Inc.



**DO NOT WRITE IN THIS SPACE**

90054041

2. Principal Place of Business

115 Maitland Av.

Suite, Apt. #, etc.

3. Mailing Address

115 Maitland Av

Suite, Apt. #, etc.

City & State

Altamonte Springs FL

City & State

Altamonte Springs FL

Zip

32701

Country

USA

Zip

32701

Country

USA

4. FEI Number

593464924

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Michael E Murray

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

115 Maitland Av

City

Altamonte Springs

FL

Zip Code  
32701

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

*Michael Murray Pres*

Michael E Murray, Pres.

3/06/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P/V/T/S/D/C/M  
Michael E Murray  
115 Maitland Av  
Altamonte Spgs FL 32701

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Michael Murray*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/2003

Date

407.331-4300

Daytime Phone #

CR2E034B (12/02)