

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000001068

1. Entity Name

JEFFREY D. FREEMAN, P.A.

FILED

May 23, 2000 8:00 am
Secretary of State

05-23-2000 90206 045 ***150.00

Principal Place of Business

Mailing Address

1105 TARRIDON COURT
DUNEDIN FL 34698

PO BOX 1782
DUNEDIN FL 34697-1782

2. Principal Place of Business

3. Mailing Address

~~P.O. BOX 8503~~
~~34 Imperial Way~~
~~Largo, Fla.~~
~~33771-1178~~

~~PO BOX 1782~~
~~Suite, Apt. #, etc.~~
~~City & State~~
~~Zip~~
~~Country~~



DO NOT WRITE IN THIS SPACE

City & State
~~Clearwater FL~~
~~33771-1178~~
~~33768~~
~~Pinellas~~

City & State
~~Clearwater FL~~
~~Zip~~
~~Country~~

4. FEI Number 59-3496871

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

FREEMAN, JEFFREY D
1105 TARRIDON COURT
DUNEDIN FL 34698

Name JEFFREY D. FREEMAN
Street Address (P.O. Box Number is Not Acceptable)
~~PO BOX 8503~~ 434 Imperial Way
Largo 33771-1178
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 Jeffrey D. Freeman

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. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FREEMAN, JEFFREY 1105 TARRIDON CT DUNEDIN FL 34698	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FREEMAN, JEFFREY D. PO BOX 8503 434 Imperial Way Largo, Fla. 33771-1178	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Jeffrey D. Freeman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00 727 4134440
Date Daytime Phone #

CR2EX14 (9/99)