

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000031150

1. Entity Name

FREELANCE ALOT, INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90113 021 ***550.00

Principal Place of Business

1323 SW 17 ST., #461
 FT. LAUDERDALE FL 33316

Mailing Address

1323 SW 17 ST., #461
 FT. LAUDERDALE FL 33315-1943

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

65-0834419

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

JOHNSON, SEAN A
 9 SW 13 ST.
 FT. LAUDERDALE FL 33315

Name

Darla Sasserman

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

1323 SW 17th Street, #461

City

Ft. Lauderdale

FL

Zip Code
 33316

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

Darla Sasserman

5/14/00

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

(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so. ☐

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
 HASKELL, RODNEY
 1323 SW 17 ST., #461
 FT. LAUDERDALE FL 33316 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DS
 SASSERMAN, DARLA
 1323 SW 17 ST., #461
 FT. LAUDERDALE FL 33316 ☐ Delete

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

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 CITY-ST-ZIP
☐ Change ☐ 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: X

SIGNATURE

Darla Sasserman

X

5/14/00

Date

Daytime Phone #

CR2E034 (9/99)