2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P98000038963 Mar 08, 2000 8:00 am **Secretary of State** FREEDOM GROUP-CALIFORNIA, INC. 03-08-2000 90064 002 ***150.00 Mailing Address Principal Place of Business 783 S ORANGE AVE 783 S ORANGE AVE STE-210-51E 210 -----SARASOTA FL 34236-4702 SARASOTA FL 34236 2. Principal Place of Business 3. Mailing Address 783 S. Orange Ave Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suita 200 Suite 200 4. FEI Number Applied For City & State City & State 65-0836514 Not Applicable Sarasota, Country \$8.75 Additional 5. Certificate of Status Desired Fee Required arasota 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROSKAMP, BRIAN R Street Address (P.O. Box Number is Not Acceptable) 783 S ORANGE AVE **STE 210** SARASOTA FL 34236 Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Delete TITLE TITLE ROSKAMP, ROBERT NAME NAME 783 S. Orange Ave., Suite 200 783 S ORANGE AVE STE 218 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34236 Change Addition ☐ Delete TITLE CORBETT, JAMES P NAME 183 S. Orange Ave., Suite 200 STREET ADDRESS 783 S. ORANGE AVE STE-210 STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34236 CITY-ST-ZIP ☐ Addition STD ☐ Delete TITLE TITLE ROSKAMP, BRIAN R NAME NAME 783 S. Orange Ave., Suite 200 783 S. ORANGE AVE STE 210-STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34236 Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ■ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 attacomen, with an address h all other like empowered

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hoskamo 1/24/00 (941) 954-1111