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2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an addre

SIGNATURE:

Apr 03, 2001 8:00 am Secretary of State DOCUMENT # P98000038963 04-03-2001 90082 009 ***150.00 FREEDOM GROUP-CALIFORNIA, INC. Principal Place of Business Mailing Address 783 S ORANGE AVE 783 S ORANGE AVE STE 200 STE 200 SARASOTA FL 34236 SARASOTA FL 34236 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0836514 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROSKAMP, BRIAN R Street Address (P.O. Box Number is Not Acceptable) 783 S ORANGE AVE STE 2-00 STE 200 SARASOTA FL 34236 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 16. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Change ☐ Addition TITLE TITLE ☐ Delete ROSKAMP, ROBERT NAME NAME STREET ADDRESS STREET ADDRESS 783 S ORANGE AVE-STE 200 CITY-ST-ZIP CITY-ST-71P SARASOTA FL 34236 ☐ Change ☐ Addition Delete TITLE TITLE CORBETT, JAMES P NAME NAME STREET ADDRESS STREET ADDRESS 783 S ORANGE AVE-STE 200 CITY-ST-ZIP CITY-ST-ZIP Sarasota Fl 34236 TITLE Delete TITLE NAME ROSKAMP, BRIAN R NAME STREET ADDRESS 783 S ORANGE AVE-STE 200 STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34236 CITY - ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST - ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 expowered.

P. Roskamp 3/29/01