## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

## Sep 15, 2000 8:00 am Secretary of State DOCUMENT # P98000079176 1. Entity Name FREEDOMTEL, INC. 09-15-2000 90017 031 \*\*\*550.00 Principal Place of Business Mailing Address 6709 N. NINTH AVE 8804 UNIVERSITY PARKWAY PENSACOLA FL 32514 AUU7852U PENSACOLA FL 32514 2. Principal Place of Business 3. Mailing Address TAMMEN 100 DO NOT WRITE IN THIS SPACE Suite, Apt. #. etc Suite, Apt. #, etc. Applied For City & State 4. FEI Number 59-3542191 Not Applicable \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GILLETTE, DAVID C Street Address (P.O. Box Number is Not Acceptable) 8804 UNIVERSITY PARKWAY PENSACOLA FL 32514 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 (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 .9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 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 12. 11. ☐ Delete TITLE ☐ Addition TITLE Gillette, David C GILLETTE, DAVID C NAME MAME 8808 University Pluy STREET ADDRESS STREET ADDRESS 8804 UNIVERSITY PARKWAY CITY-ST-ZIP Pensacola, FL 32514 CITY-ST-ZIP PENSACOLA FL 32514 ☐ Addition ☐ Delete TITLE TITLE 6:11ette, Margaret K NAME GILLETTE, MARGARET K NAME 8808 University PKWY STREET ADDRESS STREET ADDRESS 8804 UNIVERSITY PARKWAY Pensacola FT 32514 CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32514 Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

FILED