

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000102804

1. Entity Name
FREEDOM KITCHENS, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90049 010 ***150.00

Principal Place of Business Mailing Address
1842 SEGRAVES #D 145 BRANDY HILLS DR.
S-DAYTONA FL 32119 PORT ORANGE FL 32119-3667



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3548512**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

BOIRE, MARTIN C ESQ.
595 W. GRANADA AVE., SUITE J
ORMOND BCH FL 32174

Name **David Galba Sr.**
Street Address (P.O. Box Number is Not Acceptable) **145 Brandy Hills Drive**
City **Port Orange** FL Zip Code **32119**

8. The above named entity submits this statement for the purpose of changing its registered office, registered agent, or both, in the State of Florida.

SIGNATURE **David Galba Sr.** *[Signature]* DATE **4-18-00**
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. ☐ (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	DP	<input type="checkbox"/> Delete
NAME	GALBA, DAVID S R.	
STREET ADDRESS	145 BRANDY HILLS DR.	
CITY-ST-ZIP	PORT ORANGE FL 32119	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GALBA, SUSAN M	
STREET ADDRESS	145 BRANDY HILLS DR	
CITY-ST-ZIP	PT CHARLOTTE FL 32119	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALBA, David Sr.	
STREET ADDRESS	145 Brandy Hills Dr.	
CITY-ST-ZIP	Port Orange, FL 32119	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALBA, Susan M.	
STREET ADDRESS	145 Brandy Hills Dr.	
CITY-ST-ZIP	Port Orange, FL 32119	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 empowered.

SIGNATURE: **SIGNATURE** *[Signature]* **4-18-00** **David Galba Sr.** *[Signature]* **904-788-3480**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)