2001 UNIFORM BUSINESS REPORT (UBR)

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Mar 01, 2001 8:00 am DOCUMENT # P98000106689 Secretary of State FREEDOM CORNERS CORP., INC. 03-01-2001 90014 040 ***158.75 Principal Place of Business Mailing Address 8705 PERIMETER PARK BLVD. STE. 8 8705 PERIMETER PARK BLVD. STE. 8 JACKSONVILLE FL 32216 JACKSONVILLE FL 32216 110020561 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 59-3548649 Applied For Not Applicable 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 Bartlett & Deal, P.A. BARTLETT & HEEKIN, P.A. Professional Dr., Suite 101 50 NORTH A1A STE. 103 PONTE VEDRA BEACH FL 32082 City Zin Code 32082 Ponte Vedra Beach. 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, 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, CR2E034 (10/00) TITLE ☐ Delete TITLE Change Addition FORT, DONALD C NAME NAME 8705 PERIMETER PARK BLVD. STE. 8 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32216 CITY-ST-ZIP CITY-ST-ZIP VP/Secretary/Treasurer TITLE ☐ Defete TITLE Change **X** Addition Gail D. Tve NAME NAME STREET ADDRESS STREET ADDRESS 8705-8 Perimeter Park Blvd. CITY-ST-ZIP CITY-ST-ZIP Jacksonville, FL 32216 Change Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CHTY-ST-ZIP Addition ☐ Delete Change TITLE NAME STREET ADDRESS STREET ACCRESS CITY-ST-ZIP CITY-ST-ZIP [] Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

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