## **2001 UNIFORM BUSINESS REPORT (UBR)** Apr 23, 2001 8:00 am Secretary of State DOCUMENT # P99000026807 1. Entity Name FREEDOM SUPPORT INTERNATIONAL, INC. 04-23-2001 90018 010 \*\*\*150.00 Principal Place of Business Mailing Address 5383 SW 40TH AVE 5383 SW 40TH AVE APT 203 **APT 203** FORT LAUDERDALE FL 33314 FORT LAUDERDALE FL 33314 2. Principal Place of Business 3. Mailing Address 2446 Taylor St. 2446 Taylor St. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE #1 City & State City & State Applied For 4. FEI Number 65-0907498 Hollywood, Florida Hollywood, Florida Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required U.S.A 33020 33020 U.S.A. 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DACKERMAN, ANNETTE Street Address (P.O. Box Number is Not Acceptable) 5383 SW 40TH AVENUE **APT 203** FORT LAUDERDALE FL 33314 Hollywood 8. The above named entity submits this state, rpose of changing its registered office or registered agent, or both, in the State of Florida (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. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Delete ☐ Addition TITLE TITLE NAME NAME DACKERMANN, ANNETTE STREET ADDRESS STREET ADDRESS 5383 SW 40TH AVENUE APT 203 2446 Taylor St. #1 CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33314 Hollywood, Fl. 33020 ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete 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 Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS 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

Daytime Phone #

SIGNATURE: