2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000059023**

1. Entity Name J.C. FREEMAN, INC. Principal Place of Business Mailing Address 10269 NW 46TH STREET 10269 NW 46TH STREET SUNRISE FL 33351-7963 SUNRISE FL 33351 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Country

tle if applicable.

Delete

Delete

☐ Delete

Delete

☐ Delete

OFFICERS AND DIRECTORS

6. Name and Address of Current Registered Agent

FREEMAN, JOHN C

SIGNATURE

11.

TITLE

NAME

TITLE

NAME

TITLE NAME

TITLE NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

10269 NW 46TH STREET SUNRISE FL 33351

9. This corporation is eligible to satisfy its intangible

FREEMAN, JOHN C

SUNRISE FL 33351

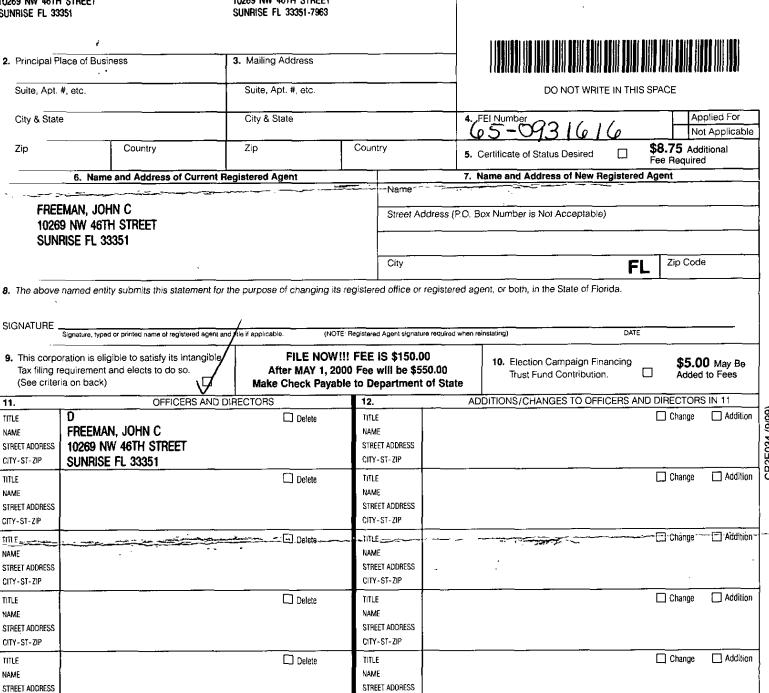
10269 NW 46TH STREET

Tax filing requirement and elects to do so.

(See criteria on back)

FILED May 19, 2000 8:00 am Secretary of State

05-19-2000 90030 038 ***150.00



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 trustee ampowered 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 attachm ther like empowered.

City

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

12.

TITLE

NAME

NAME

TITLE:

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

☐ Change

☐ Addition