

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90312 005 ***150.00

DOCUMENT # P99000081885

1. Entity Name

FREEDOM SHIP INTERNATIONAL, INC.

Principal Place of Business

**2706 ALTERNATE 19 N
 STE 104
 PALM HARBOR FL 34683**

Mailing Address

**P OBOX 5020
 SARASOTA FL 34277**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2534 FRUIT TREE DR.

3. Mailing Address

Suite, Apt. #, etc.

SARASOTA FL

City & State

Zip

Country

34239

Zip

USA

4. FEI Number

59-3596929

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**NIXON, NORMAN
 2534 FRUIT TREE DRIVE
 SARASOTA FL 34239**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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, 2002 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

TITLE **P** ☐ Delete
 NAME **NIXON, NORMAN L**
 STREET ADDRESS **2534 FRUIT TREE DRIVE**
 CITY-ST-ZIP **SARASOTA FL 34239**

TITLE **VP** ☒ Delete
 NAME **GOOCH, ROBER M**
 STREET ADDRESS **3094 ROBERTA ST**
 CITY-ST-ZIP **LARGO FL 33771**

TITLE **ST** ☒ Delete
 NAME **BANAS, PETER Z**
 STREET ADDRESS **2916 BRIDLEWOOD DRIVE**
 CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** ☐ Change ☒ Addition
 NAME **ROOKS, BILL**
 STREET ADDRESS **4708 - 1st ST. (P.O. Box 52)**
 CITY-ST-ZIP **NEW ENA, MI 49446**

TITLE **S** ☐ Change ☒ Addition
 NAME **John Fries**
 STREET ADDRESS **2227 River Ridge Dr**
 CITY-ST-ZIP **SARASOTA FL 34239**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **NORMAN NIXON, PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-02

Date

941-953-4567

Daytime Phone #

CR2E034 (9/01)