

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90717 008 ***150.00

DOCUMENT # P 99 0000 90769

1. Entity Name

FREE CASINO, INC.



DO NOT WRITE IN THIS SPACE

11039693

2. ~~Company Name~~ **MARTIN J. EHRlich** 3. ~~Principal Office~~ **MARTIN J. EHRlich**
805 CYPRESS BLVD **805 CYPRESS BLVD**

Suite, Apt. #, etc.

501

Suite, Apt. #, etc.

501

DO NOT WRITE IN THIS SPACE

City & State **POMPANO BCH, FL.**

City & State **POMPANO BCH, FL.**

4. FEI Number

59-2197635

Applied For

Not Applicable

Zip **33069**

Country **USA**

Zip **33069**

Country **USA**

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

MARTIN J. EHRlich

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

805 CYPRESS BLVD.

501

City **POMPANO BCH**

FL

Zip Code **33069**

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D-P**
NAME **EHRlich MARTIN J.**
STREET ADDRESS **805 CYPRESS BLVD. # 501**
CITY-ST-ZIP **POMPANO BCH, FL. 33069**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D-S**
NAME **KLINE STARLETT**
STREET ADDRESS **3200 PORT ROYALE DR. N. #704**
CITY-ST-ZIP **FT. LAUDERDALE, FL 33308**

TITLE
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: **STARLETT KLINE** *Starlett Kline*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-03

Date

954-771-9810

Daytime Phone #

CR2E034B (12/02)