

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

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90035 037 ***158.75

DOCUMENT #

1. Entity Name

P99000093425

Free Cell Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2675 Cascade Creek Dr.

3. Mailing Address

2675 Cascade Creek Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Buford Ga

City & State

Buford Ga.

4. FEI Number

59-3604354

Applied For

Not Applicable

Zip

30519

Country

Gwinnett

Zip

30519

Country

Gwinnett

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Hilton Bowen

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

3910 K-ville Ave

City

Auburndale

FL

Zip Code

33823

**DO NOT WRITE
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.

SIGNATURE

Hilton Bowen

Hilton Bowen

4-18-02

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)



January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Kimberly B. Jackson
2675 Cascade Creek Dr.
Buford Ga 30519

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President
Ronald A. Haugen
2675 Cascade Creek Drive
Buford Ga 30519

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary
Kimberly B. Jackson
2675 Cascade Creek Drive
Buford Ga 30519

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Treasurer
Kimberly B. Jackson
2675 Cascade Creek Drive
Buford Ga 30519

TITLE
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Kimberly B. Jackson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-2002

Date

770-614-0563

Daytime Phone #