

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State
 04-19-2001 90083 023 ***158.75

DOCUMENT # P99000098939

1. Entity Name
FREE NAME REGISTRY, INC.

Principal Place of Business PO BOX 1714 CLEARWATER FL 33757	Mailing Address PO BOX 1714 CLEARWATER FL 33757
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-3608625	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MATHENY, R. DWIGHT
229 FLORIDA AVE
DUNEDIN FL 34698

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ (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, 2001 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				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MATHENY, DWIGHT			NAME			
STREET ADDRESS	229 FLORIDA AVE			STREET ADDRESS			
CITY-ST-ZIP	DUNEDIN FL 34698			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	KEMMERLIN, CHAD			NAME			
STREET ADDRESS	105 S CIRUS AVE			STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL 33765			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MATHENY, JEANNE			NAME			
STREET ADDRESS	229 FLORIDA AVE			STREET ADDRESS			
CITY-ST-ZIP	DUNEDIN FL 34698			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	KEMMERLIN, CATHY			NAME			
STREET ADDRESS	105 S CIRUS AVE			STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL 33765			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	REFO, ROBERT			NAME			
STREET ADDRESS	200 STARCREST DR #269			STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL 33765			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	REFO, ANGIE			NAME			
STREET ADDRESS	200 STARCREST DR # 269			STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL 33765			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: JEANNE MATHENY **JEANNE MATHENY** 3-26-01 727-461-9612
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)