2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S27604

1. Entity Name

FREEPORT FOUNTAINS, INC.

FILED
May 10, 2000 8:00 am
Secretary of State
05-10-2000 90180 003 ***150.00

B0089226

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1510 Kastner Place Sanford, FL 32771	1510 Kastner Place Sanford, FL 32771

2. Principal Place of Business	3. Mailing Address
Suite, Apt # etc.	Suite, Apt # etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3045749 — Applied For / Not Applicable

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
Smith S. 1510 Kastner Place Sanford, FL 32771	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 ______________________

9. This corporation is eligible to satisfy its Intangible Tax filing requirement ... [X]

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. ... ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH S. 1510 Kastner Place ~~Sanford, FL 32771~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: S Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR