

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V12185

1. Entity Name

FREEMARR HOMES INC.

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90083 015 \*\*\*150.00

Principal Place of Business

Mailing Address

5410 ENDEAVOUR AVE  
DOVER FL 33527  
US

P O BOX 283  
VALRICO FL 33595-0283  
US

2. Principal Place of Business

1463 Oakfield Dr

3. Mailing Address

1463 Oakfield Dr

Suite, Apt. #, etc.

134

Suite, Apt. #, etc.

134

City & State

BRANDON

City & State

BRANDON

Zip

33511

Country

USA

Zip

33511

Country

USA

4. FEI Number

59-3107399

Applied For

Not

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FREEMAN, JOHN T.  
5410 ENDEAVOUR AVE  
DOVER FL 33527

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, 2000 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	DP	<input type="checkbox"/> Delete
NAME	FREEMAN, JOHN T.	
STREET ADDRESS	5410 ENDEAVOUR AVE	
CITY-ST-ZIP	DOVER FL 33527	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	MARRA, MICHAEL E.	
STREET ADDRESS	5410 ENDEAVOUR AVE	
CITY-ST-ZIP	DOVER FL 33527	
TITLE	DVPS	<input type="checkbox"/> Delete
NAME	RIGGINS, ROBERT E	
STREET ADDRESS	5410 ENDEAVOUR AVE	
CITY-ST-ZIP	DOVER FL 33527	
TITLE	VP	<input type="checkbox"/> Delete
NAME	STASZAK, MAX	
STREET ADDRESS	5410 ENDEAVOUR AVE	
CITY-ST-ZIP	DOVER FL 33527	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/00 813-653-0396  
Date Daytime Phone #