## **2003 FOR PROFIT CORPORATION**

## UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000013228

1. Entity Name

FUNDING SERVICES, INC.



## **FILED** Apr 07, 2003 8:00 am Secretary of State 04-07-2003 90982 030 \*\*\*150.00

						Contract of the second							
Principal Place of Business 800 W OAKLAND PARK BLVD #100 FORT LAUDERDALE FL 33311 US			Mailing Address 800 W OAKLAND PARK BLVD #100 FORT LAUDERDALE FL 33311 US										
2. Principal Place of Business			3. Mailing Address						A	;		***************************************	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES						
City & State			City & State					4. FEI Number 65-0467450			Applied For Not Applicable		
Zip	Zip Country			Zip Cou			5. Certificate of Status Desire			Fee Hequired			
6. Name and Address of Current I								7. N	lame and Address of New Re	gistered /	Jistered Agent		
ROSABI, STEVE 10474 NW 11 CT PLANTATION FL 33322							treet Address (P.O. Box Number is Not Acceptable Dr. Blvd. Ste. 100						
				,			City Ft. Laudordate			; FL	Zip Cod	le 5 <b>3</b> 1 1	
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 a	and title i applicable. (NOTE: Registered Agent signature require				re required	when re	instating)	DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of				State					9. Election Campaign Final Trust Fund Contribution			00 May Be d to Fees	
10.		OFFICERS AND I	DIRECTO	RS /	11.			AD	DITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		STEVE KLAND PARK BLVD DERDALE FL 33311-17:	33	Delete		E Et address - St- Zip	PRAS FO	ab ou	i, Steve i. oakland PK. ( Laudridale, 7	F) 14.	☑ Change Ste.(1	□ Addition	
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<ol><li>12. I hereby of indicated</li></ol>	certify that the on this repor	e information supplied with t or supplemental report is	this filing true and	does not qualify for accurate and that n	the exerny signat	mption stat ure shall ha	ed in Sea	ction same l	119.07(3)(i), Florida Statutes. I legal effect as if made under o	turther cer ath; that I a	tity that the m an office	intormation r or director	

of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 changed, or on an attachment with an address, with all other like empowered.