

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90519 009 \*\*\*150.00

**DOCUMENT # P94000065419**

1. Entity Name  
**RECEIVABLE FUNDING, INC.**



Principal Place of Business  
**14620 N NEBRASKA AVE  
BLDG B  
TAMPA FL 33613**

Mailing Address  
**PO BOX 17135  
TAMPA FL 33682**

**90011542**



2. Principal Place of Business  
**15438 N. Florida Ave**

3. Mailing Address

Suite, Apt. #, etc.  
**104**

Suite, Apt. #, etc.

City & State  
**Tampa, FL**

City & State

4. FEI Number  
**59-3267209**

Applied For  
Not Applicable

Zip  
**33613**

Country

Zip

Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**FURLONG, RICHARD  
14620 N NEBRASKA AVE  
BLDG B  
TAMPA FL 33613**

7. Name and Address of New Registered Agent

Name  
**RICHARD FURLONG**  
Street Address (P.O. Box Number is Not Acceptable)  
**15438 N. FLORIDA AVE, # 104**  
City  
**TAMPA** FL Zip Code  
**33613**

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  DATE **01-07-2003**

**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 Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>BYRD, J. WILLIAM</b>	
STREET ADDRESS	<b>1478 BRIAR OAKS TRAIL</b>	
CITY-ST-ZIP	<b>ATLANTA GA</b>	
TITLE	<b>VPS</b>	<input type="checkbox"/> Delete
NAME	<b>FURLONG, RICHARD</b>	
STREET ADDRESS	<b>1019 GUI SANDO DE AVILA</b>	
CITY-ST-ZIP	<b>TAMPA FL 33613</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE **01/07/2003** 813-287-9996

CR2E034 (10/02)