

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2003 8:00 am**  
**Secretary of State**

01-31-2003 90107 017 \*\*\*150.00

**DOCUMENT # P98000093054**



1. Entity Name  
**1ST RESIDENTIAL FUNDING, INC.**

Principal Place of Business  
**1755 W. BROADWAY ST. SUITE 1  
OVIEDO FL 32766**

Mailing Address  
**1755 W. BROADWAY ST. SUITE 1  
OVIEDO FL 32766**

**90014434**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3540182**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

**WILLIAMS, RANDY** *Broadway*  
**1755 W. BROWARD STREET, SUITE 1  
OVIEDO FL 32765**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Randy Williams*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 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	PS	<input type="checkbox"/> Delete
NAME	<b>DANNA, LYNN STEPHENS</b>	
STREET ADDRESS	<b>924 RED FOX ROAD</b>	
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS FL 32714</b>	
TITLE	VT	<input type="checkbox"/> Delete
NAME	<b>WILLIAMS, RANDOLPH M</b>	
STREET ADDRESS	<b>647 LADY LYNN CT</b>	
CITY-ST-ZIP	<b>OVIEDO FL 32765</b>	
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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: *Randy Williams*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-28-03 407977-5656*  
Date Daytime Phone #

CR2E034 (10/02)